Survey and Analysis of the Health Need and Disparities of the Immigrant Population

Bureau of Health Care Access, Iowa Department of Public Health
Iowa/Nebraska Primary Care Association
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Contacts

Global Health Corps
University of Northern Iowa
220 WRC
Cedar Falls, IA 50614-0124
(319) 273-6411
Dr. Michele Yehieli, Director

Iowa/Nebraska Primary Care Association
904 Walnut, Suite 502
Des Moines, IA 50309
(515) 244-9610
Ted Boesen, Executive Director
Julie Blum, Project Manager

Primary Care Office
Iowa Department of Public Health
Lucas Building
321 East 12th Street
Des Moines, IA 50319
(515) 281-7223
Carl Kulczyk, Program Manager

State Public Policy Group
Clemens Building
200 10th Street, 5th Floor
Des Moines, IA 50309
(515) 243-2000
Jim Addy, Senior Program Director
Keri Badding, Senior Program Director
Sarah Dixon, Assistant Program Director

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Once again, the driving force behind this project is the Primary Care Office, Bureau of Rural Health and Primary Care within the Iowa Department of Public Health. Much appreciation is extended to the Primary Care Office for its leadership and financial commitment to the study.

The same organizations that were involved in the initial study were also involved in this second study and in issuing the final report. Among those providing contributions were:

- Carl Kulczyk
- Dr. Michele Yehieli
- Jim Addy
- Joseph Ogah
- Terry Meek

Executive Summary

This study is part of a series of research projects conducted by the Iowa/Nebraska Primary Care Association (IA/NEPCA) on behalf of the Iowa Department of Public Health, Bureau of Health Care Access. The first study was completed in June of 2001 and surveyed the communities of Perry, Louisa County, Ottumwa, and Sioux City. Previously, a pilot study of Black Hawk County was conducted exclusively by the University of Northern Iowa Global Health Corps. This is the second immigrant study conducted by IA/NEPCA. The intent of these investigations has been to obtain the needed data to assist in planning and developing health care services for immigrant populations or "New Iowans." The second study collects data from five additional communities – a second sample – adding cases and geographic diversity to the first sample to bolster the reliability of the study's conclusions. (The second sample was exclusively Latinos, who to a large extent, mirrored the same characteristics as the Latinos in the first sample.) This was the intent as the first and second survey used identical questionnaires.

Immigrants' perception of their general health is generally good, especially in CHC communities.

- The percentage of respondents from the combined sample who reported their health as being excellent, very good, or good was 72%.
  - This is not considerably different than the results of the first sample where 70% of respondents shared this view.
  - Latinos rated their health as more favorable compared with Asian and Pacific Islander Americans (APIAs). Seventy four percent of Latinos from the combined study rated their health as being in one of the top three categories – excellent, very good, or good – compared to 57.2% of the APIA respondents.
- Nearly 42% of the respondents from communities with Community Health Centers (CHCs) rated their health in the top two categories – excellent and very good - compared to only 28% of respondents in communities without CHCs.

Immigrants' medical history is linked to where they live and whether they undergo screening procedures.

- Respondents living in Council Bluffs and Denison, two cities with meat processing plants, reported experiencing joint pain at significantly higher rates than those living in the remaining three cities with meat processing facilities, two of which were included in the first sample.
  - Respondents in the second sample who were between the ages of 25 and 34 experienced joint pain at the highest rate: 39.4% of this group reported the condition.

  - The number of respondents in meat processing plant towns, especially younger individuals who reported having arthritis and joint pain, bolsters the anecdotal evidence that suggests working in a meat processing facility could be a factor in joint pain and arthritis.
- The percentage of respondents who reported never having or did not recall having a cholesterol screening was 65.3%.
  - Of those who had been screened, 20.5% reported they had been told they had high cholesterol.

Female immigrants may have their own specific health care needs.

- A large number of female respondents reported having been pregnant in the last five years (62.1%).

Preventative health care practices are lacking among immigrants.

- The percentage of immigrants who had **never** had a routine check-up with a primary care physician, eye doctor, or dentist for the combined sample is noteworthy:
  - 17.4% - primary care physician
  - 25.8% - dentist
  - 55.4% - eye doctor
- Compared to the first sample, Latinos in the second sample had visited primary care providers even less frequently with the exception of dentists.
  - 20.6% vs. 17.3% - primary care physician
  - 31.5% vs. 16.9% - dentist
  - 60.3% vs. 46.6% - eye doctor

Female immigrants clinical breast exam and mammogram testing increases with age, like the overall Iowa population, but participation is less than perfect.

- Only 58.4% of women under the age of 50 have had a clinical breast exam. Women over 50 years of age have had an exam at a rate of 81.8%.
- The proportion of female respondents who have had a mammogram doubles between the age categories of 30 to 39 years old and 40 to 49 years old.

Like the overall Iowa population, immigrants engage in risk behaviors, but they also engage in healthy behaviors.

- Over twice the proportion of Asians smoke than do Latinos, 25% compared to 9.1%.
- There is no statistical difference between the drinking habits of APIAs and Latinos in how often and how much they drink in the combined sample. (There was in the first sample, but the additional responses nullified this difference.)

  - However, not all respondents were forthcoming with this kind of personal information; half (49.9%) of the respondents admitted they drank occasionally, but declined to quantify the volume they consumed.
- Acculturation is occurring among immigrants when it comes to exercise whether reviewing the first or second sample. Findings for the combined sample are such that those who have been in the U.S. six to fifteen years exercise at a proportionally higher rate than more recent immigrants to the country, 50% compared to 42.3%.
  - The proportion of immigrants who exercise only drops fractionally (four-tenths of a percent) for those who have been in the U.S. over fifteen years; this is reasonable considering these immigrants are considerably older.

Immigrants' knowledge of the health care delivery system varies widely.

- In the first sample, 30% of respondents did not know where to go for help with medical problems compared to 37% who did not know in the second sample.
  - Comparing Latinos to APIAs in the first sample, Latinos do not know where to seek services at a much higher rate than APIAs (46% Latinos vs. 12.5% APIAs). Latinos in the second survey report knowing where to access services at rates similar to Latinos in the first sample.
- Only 35.7% of respondents from the combined sample have a particular medical doctor they usually visit.
  - Latino male respondents only visit a regular medical doctor at a rate of 20.9%.

Immigrants are confronted with barriers to health care services.

- Almost half of the respondents (49.3%) reported that ethnicity is a barrier to receiving health care in their community.
  - This statistic is greater among respondents whose doctor does not speak their language, 65.2% compared to 35.7%.
- Transportation is the barrier reported most often by respondents whether they were in the first sample, second sample or combined sample.
  - This barrier is more of a problem for women than men and for Latinos more than APIAs. Among Latinos, 60.8% of women have experienced this barrier compared to 46.8% of men.
- Providers not speaking the same language and cost are the next two most often reported barriers by respondents of the studies.
  - Cost is not a barrier to 70.5% of the respondents who have insurance coverage. For those who think cost is a barrier, 62.4% do not have insurance.

- APIA respondents have insurance coverage at a rate of 93.3%. Less than half (49.3%) of Latinos have insurance.
- In the year prior to this study, 24.7% of the respondents did not see a doctor when they needed to because of cost.

Introduction to the Research Problem

Immigrant populations often have unique health care needs and they often have difficulty integrating into the existing health care system. A recent study conducted by the Child and Family Policy Center, which is based in Des Moines, Iowa, reported that African American and Latino populations are behind national averages in several areas associated with children's health and safety. This contrasts with what is usually noted about children living in Iowa: generally, children in Iowa rank above the national average in the areas of health and safety. For example, the Child and Family Policy study found that the infant mortality rate in Iowa for whites is 5.3%, which is lower than the national white infant mortality rate of 5.8%. Infant mortality rates for African-Americans and Hispanics in Iowa is higher than the national average for those groups: African-Americans in Iowa have an infant mortality rate of 19.9%, compared with the national average of 14.6%, and Hispanics in Iowa have an infant mortality rate of 8.1% compared with the national average of 5.8%. According to the study, African-Americans and Hispanics in Iowa also rank higher than the national average in births to 15-to-17-year-olds, while whites in Iowa are below the national average in this category.

Why are the health care needs of immigrant populations a concern in Iowa? According to the United States 2000 Census, during the last decade, the number of Latinos living in Iowa doubled. The percentage of Latinos living in the state grew from 1.2 percent to 2.8 percent, making the group the largest racial or ethnic minority group in Iowa.[1] This is not an uncommon trend. Iowa is not alone; 14 other states shared this similar type of demographic growth. Perhaps some of the characteristics present in Iowa's immigrant populations are shared by these states.

Based on these statistics, the importance of these new populations for Iowa can be seen: these segments of Iowa's population are increasing (growing) while the overall population growth is stagnating. The Latino population is not the only racial or ethnic majority group in Iowa that is growing. According to 2000 Census data, Asian and Pacific Islander Americans (APIAs) make up 1.3% of Iowa's population. This is an increase from the 1990 Census data which reported the APIAs population as being 0.9% of the state. As the race and ethnicity of people living in Iowa continues to change there are several key areas that must be addressed. One of these areas is the health care system.

This study is an effort to illustrate the current health status of immigrants in a nine-community area: the original four communities in the first *Analysis of the Health Needs and Disparities of the Immigrant Population* study (Perry, Louisa County, Ottumwa, and Sioux City) and the five

[1] The Des Moines Register, Tuesday, February 5, 2002.

communities in this second round of interviews (Council Bluffs, Denison, Hampton, Lenox, and Storm Lake). Some references will be made to the pilot work, but it will not be a focus of the report, as it served its function: to provide a means to develop the methodology for the larger studies that followed. Upon identifying the current health status of respondents, this study will offer possible first steps of action toward ensuring all Iowans have access to the health care they need and deserve.

Methodological Overview

The analyses conducted in this report begin by looking at the findings from the second round of interviews, also referred to as the second sample, separately. There is value in what was found in each of these communities as well as the second sample itself; however, there is also great value in combining the data from the first round and the second round of interviews. So while the characteristics of the second sample are discussed, the focus of the analyses is on the entire data set – the product of combining the first and second sample results.

Unfortunately, certainty in regards to reliability and generalizability elude surveys that use convenience samples. Convenience samples, which were used in the two immigrant population surveys, are non-probability samples. While a non-probability sampling does not allow statistical inference from the sample to the population, it is far from worthless; under certain circumstances it is an accepted technique, and under other circumstances it is the only option available.

Immigrants are clearly a special population, and research on special populations often have no option but to use non-probability sampling because of the characteristics of the population being studied[2]. No complete sampling frame of immigrants exists. Some immigrants may be in the U.S. illegally so there is no record of their presence. Others are transitory so records usually lag and are not updated until after the individual has left the area. Research in this area has also shown immigrants find being on lists distasteful so they avoid having their personal information captured for record keeping. Some immigrants come from regimes where lists are used to systematically target populations for less than humanitarian reasons[3].

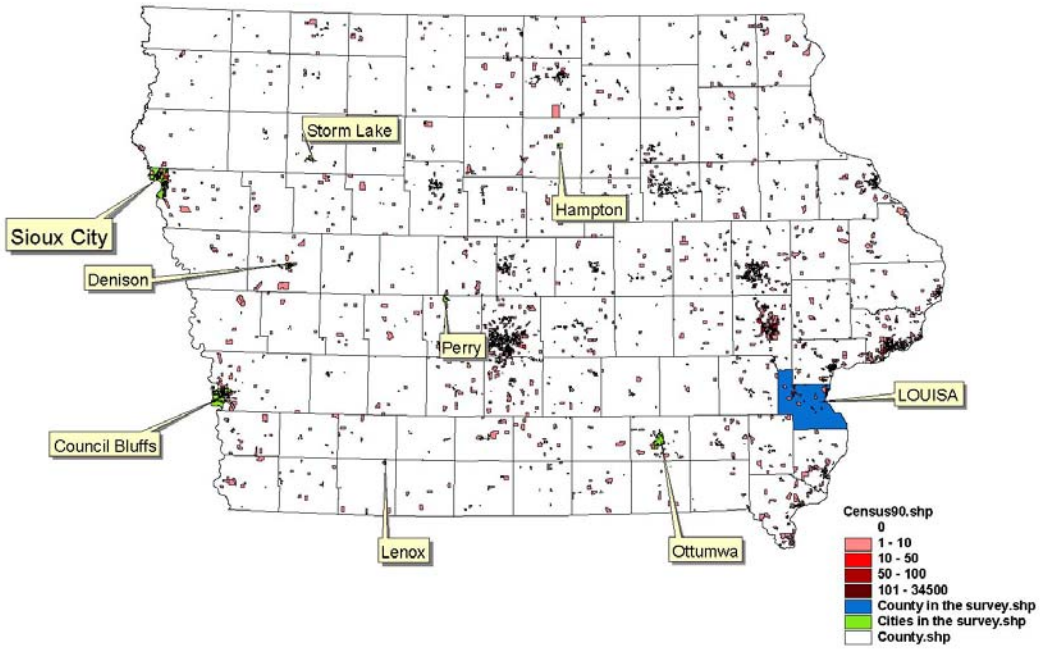
Increasing the number and diversity of cases to be analyzed by combining the two samples into one data set for analysis increases the reliability and the generalizability of the immigrant study findings. This was the intent from the onset of the project, as both survey instruments were

[2] Henry, Gary T. 1990. Practical Sampling. Newbury Park, CA.: Sage Publications.

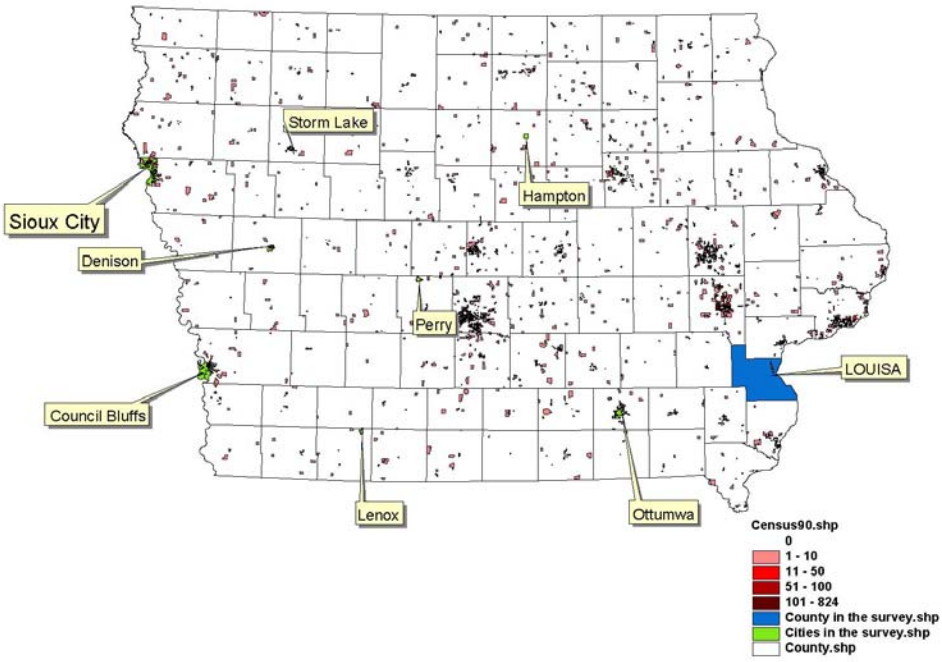
[3] During pretesting of the *Latino Snapshot* study, SPPG found that a substantial number of potential respondents were disturbed when they were told their name came from a list. Many of their comments related back to the use of lists by regimes in the countries from which they emigrated.

identical. Increasing the number of cases makes it more likely that if the same group is surveyed again (immigrant populations in the nine communities) the results will be repeated: reliability. Increasing the geographic diversity by sampling more known concentrations of immigrant populations from around the state is a more representative cross-section of Iowa. The researchers carefully selected the cities so it can be assumed that the additional sites increase the generalizability of the sample, thereby making it easier to discuss immigrant populations across Iowa. Map 1 and 2 have been provided so that one can compare where the concentrations of these ethnic populations are and the sites surveyed.

Map 1. Population Density of Latinos in Iowa by 1990 Census Blocks



Map 2. Population Density of APIAs in Iowa by 1990 Census Blocks



Additionally, for practical considerations, such as time and money, exploratory research may be accomplished using non-probability samples. A pilot study of cases thought to display the phenomenon under investigation could be selected[4]. This is the intent of this project. The researchers selected communities to survey after consultation with academics, government officials, and groups that are regularly in contact with immigrant populations in Iowa.

Research of special populations using convenience samples has value in that it can provide illuminating information about those studied despite the fact that the results of these studies cannot be inferred, using the statistical definition of the word, to the populations because error between the sample and population cannot be calculated. While statistical inference cannot be made from the findings, the researchers did make adjustments to their research design to promote reliability and generalizability from the findings to the greatest extent possible. So at a minimum, the information provided is a clear improvement over basing policy on second-hand anecdotes.

[4] Henry, Gary T. 1990. Practical Sampling. Newbury Park, CA.: Sage Publications.

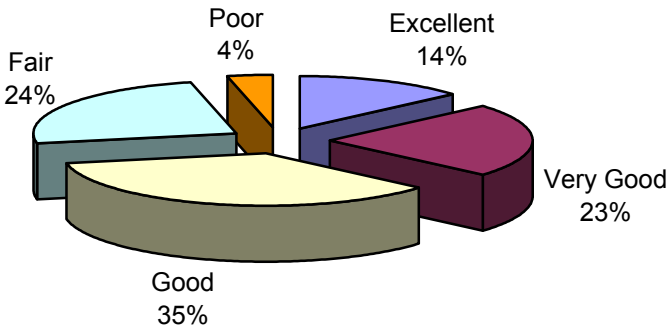
Immigrants' Health Status

Before a course of action can be developed, it is necessary to have baseline data; if one does not know the starting point, then how would one know whether the situation is improving or deteriorating? As such, understanding immigrant populations' health status is the first step in determining the needs of these unique populations. To capture the complex concept of health status, this analysis will investigate commonly accepted indicators of health status. More specifically, the analysis will look at whether immigrants practice preventative care, which includes exercise, as well as whether they engage in risk behaviors, such as smoking and drinking.

How healthy are immigrants in the study? The objective answer to this can be found in respondents' medical records. Unfortunately, researchers did not have access to medical records, and even if they had, many immigrants do not have them. That left two approaches to take with the respondents in order to address the question: 1) ask their self-perception or 2) ask them to recall previous medical episodes that would be part of their records. Both approaches have limitations: people generally have a positive self perception, especially when it is a socially desirable trait they are being asked to report on and recollections of past events sometimes contain factual errors. Granted, these are not the optimal measures, but they do add valuable insights, and practically speaking, these are the best existing measures.

Overall, respondents have a favorable opinion of their own health. A clear majority, 72%, of the respondents from the combined sample reported their health as being excellent, very good, or good. This is not considerably different from the first sample where 70% of respondents shared the same view.

Exhibit 1. Would You Say Your General Health Is ...?



Before making the last point about general health, it is necessary to keep in mind some important demographic information about the second sample. All of the immigrants interviewed in the second five communities were Latino; hence when reference is made to the second sample keep in mind it is a sample of entirely Latino respondents, which is different than the first sample that includes both APIAs and Latinos. That said, it should be noted that more Latinos rated their health as favorable compared to APIAs[5]. In the first sample, 74% of Latinos rated their health as being in one of the top three categories – excellent, very good, or good – compared to 57.2% of the APIA respondents. Seventy-four percent of respondents in the second sample, the entirely Latino sample, also rated their health status in the top three categories.

As a sidebar, it does make sense that Latinos would have a better self-perception of their general health. They are younger. The average age of Latino respondent is 31.9 years old and the average age of an APIA respondent is 38.3 years old[6]. This is something to keep in mind when directing resources. Generally, different age groups require specific kinds of treatments compared with others.

One comparison explored throughout this report and the first *Analysis of the Health Needs and Disparities of the Immigrant Population* study is whether respondents that live in communities that have Community Health Centers (CHCs) fare differently than those who live in communities that do not have a Community Health Center. Of the nine communities in the study, three had a CHC: Ottumwa, Council Bluffs and Sioux City.

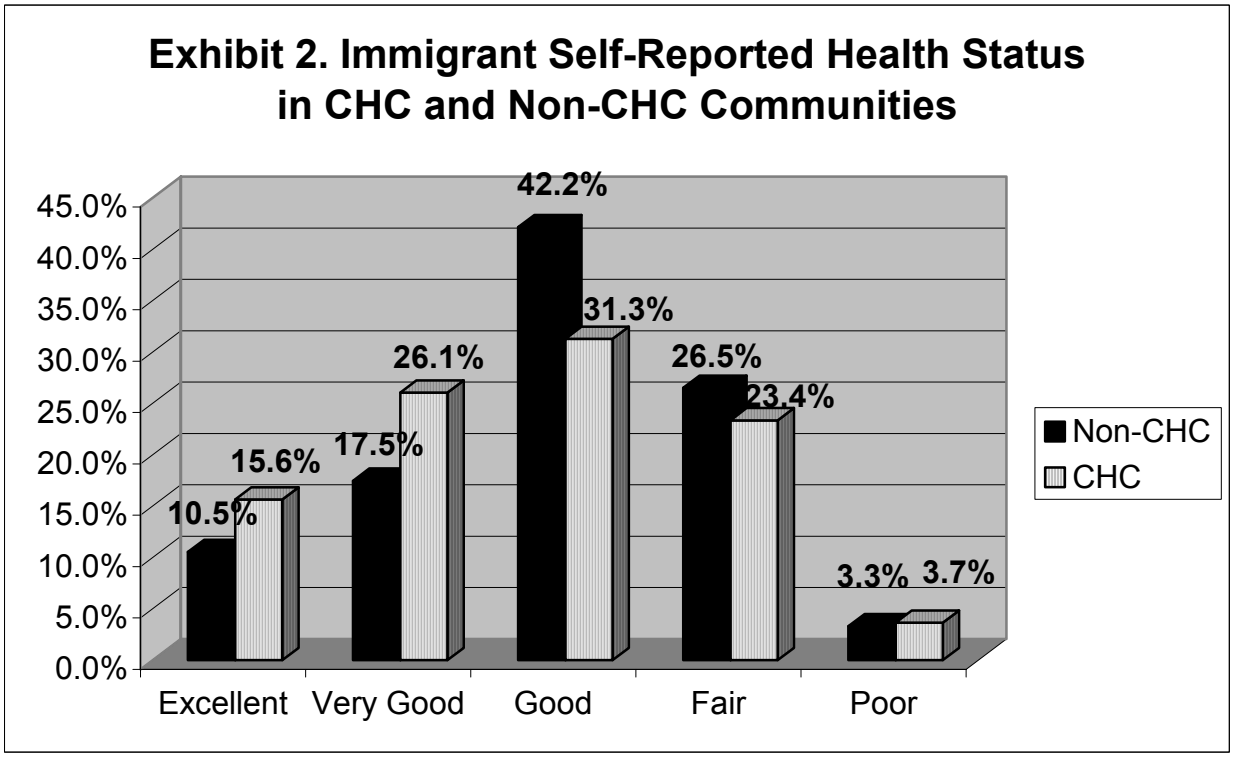
A CHC is a community-based and governed, not-for-profit, primary health care center that provides comprehensive health care services that includes health education, case management, oral and mental health services, preventative health, and other enabling services. Typically, a CHC provides clinical services directed by a physician, often with the support of a nurse practitioner, physician assistant, and/or other clinical professionals. A CHC also provides care to people who are uninsured and who need an interpreter. A significant portion of funding for CHCs comes from the federal government through the Department of Health and Human Services, Bureau of Primary Health Care.

Immigrants who live in communities with CHCs can easily access them for care. So it is not surprising these respondents believe their health is generally better. Exhibit 2 quantifies the

[5] Technically the comparison is between self-identifying Latinos and those who said they were not Latino. The interviews were only conducted with Latino and Asian immigrants so the researchers make this semantic substitution.

[6] This difference in average age may not seem like much but the difference is considerable and statistically significant. A more revealing statistic might be one that measures the skew in the distribution of the age curve, but it would not be as easily understood by most.

difference by showing 41.7% of respondents from communities with CHCs rated their health in the top two categories – excellent and very good - compared to 28% of respondents in communities without CHCs.



Medical History

The other approach to establishing the health status of immigrants was to ask them to recall their own medical history. The questionnaires inquired about having needed or received treatment for high cholesterol, high blood pressure (hypertension), diabetes, joint pain/arthritis, and asthma. Answers to these questions provide a composite profile to add to respondents' self perceptions, thereby making the answer to the question, how healthy are immigrants, as complete as possible, especially given the methodological constraints of observing this population.

Only 5.9% of the entire sample of respondents had high cholesterol, which does not seem excessively high. However, what might be more interesting is that 20.5% of the immigrants who remember being screened at one point in their life say they remember being told they had high cholesterol. In other words, while the rate is low, perhaps it is because 65.3% of the respondents have not been screened, or more precisely do not recall being screened. If one considers those who have been screened, the ratio of immigrants being diagnosed with high blood pressure is 20.5%. There is no statistical difference between Latino and APIA respondents' high cholesterol rates.

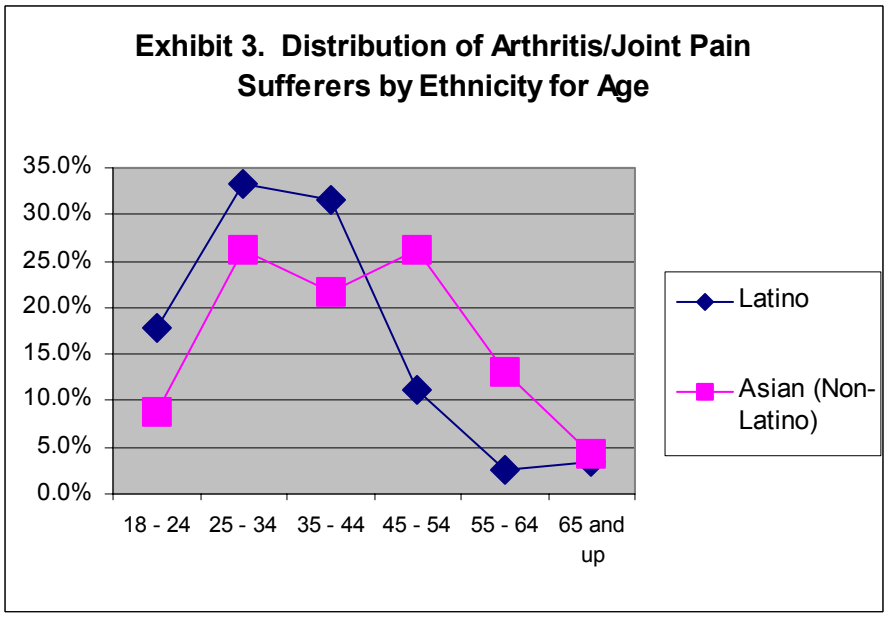
Similarly, the respondents from both samples reporting high blood pressure were low: 10.3% reported being told by a health care professional they had high blood pressure. Unfortunately, there is no question asking the respondent specifically whether they have ever been screened for high blood pressure. So the same implications about the need for testing cannot be drawn for this indication of health status.

The overall percentage of respondents reporting either diabetes or asthma was relatively low for the combined sample: 4.3% and 3.7%, respectively. These percentages are a small number of respondents from a convenience sample. Performing cross tabulations of different subpopulations with these groups would be ill advised because of the small number of respondents, which is exacerbated by the type of sample - convenience.

The findings in regard to joint pain are an example of why it is necessary to collect as many interviews as possible when using a convenience sample. It was hypothesized that Latino immigrants might experience joint pain and or arthritis at a proportionately higher rate than APIAs because by all accounts they more often work in meat processing facilities. Such a finding might have ramifications for service delivery planning.

However, the results of the first survey were contrary to the hypothesis. In the first sample a greater proportion of APIAs experienced joint pain than Latinos: 39.4% compared to 14.8%. If one recalls a point made earlier – the average age for APIA respondents is considerably older than Latino respondents – therefore, it seems plausible that more APIAs experience this condition than Latinos.

The second sample added three communities with meat processing facilities - Council Bluffs, Denison, and Storm Lake - raising the total to five communities for the combined sample. Adding these communities to the others and analyzing the combined data resulted in findings that conform to the original hypothesis: Latino immigrants were experiencing joint pain/arthritis at a proportionately higher rate than APIAs and at a younger age, which corresponds to the bulk of the workers in meat processing facilities.



The combined sample results conformed to the hypothesis when the results of the first sample did not for several reasons:

- Twenty-four and one-tenths percent of respondents in the second survey (the sample that contained only Latinos) reported having experienced joint pain/arthritis during the past 12 months.
- Analyzing joint pain/arthritis by age showed that Latinos in the second sample not only experienced joint pain at greater rates that Latinos in the first sample, they also experienced joint pain at a younger age.
  - In the first sample, the group experiencing the highest rate of joint pain was those respondents between the ages of 35 and 44.
  - In the second sample, composed entirely of Latinos, 34.9% of respondents who were between the ages of 25 and 34 reported experiencing joint pain.

When arthritis occurs in an older individual it is a function of the aging process. However, when younger people get arthritis it is not considered a function of their age. In this case an epidemiologist might look for an external reason. It is not definitive, but it does seem plausible that meat processing jobs could be responsible for the young Latinos getting arthritis; further testing would be needed to answer that question.

Looking at the prevalence of joint pain by city showed that respondents reported joint pain in two of the cities (Council Bluffs and Denison) at significantly higher rates than those living in the other three cities. This is a factor that deserves attention when a plan to administer health care services for immigrants is being considered.

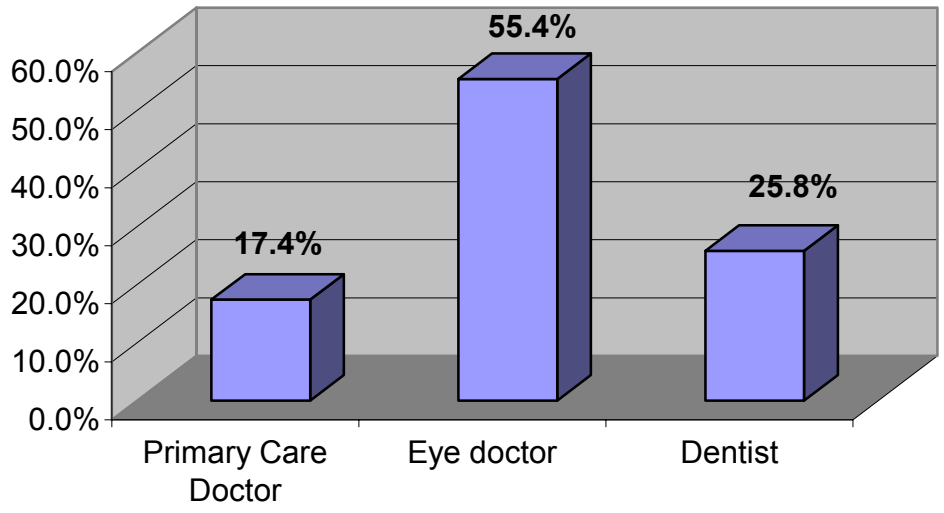
The presence of a meat processing facility in a community may give cause for special planning considerations in the delivery of services for new Iowans; however, it will only effect some new Iowans: males. The jobs in these facilities are almost exclusively male.

Female immigrants have their own concerns. A surprisingly large number of them reported having been pregnant in the last five years (62.1%). While the largest proportion of pregnancies reported was by women ages 25 to 34 (42.2%), a high proportion of young women ages 18 to 25 had also been pregnant, 39.2%. Due to the high rate of pregnancies in the second sample, especially among younger women, it is critical to determine when these women are getting care during their pregnancies. The women who reported having their first prenatal care visit before reaching the third month of their pregnancy was high, 72.2%. Only 6.1% of the respondents reported not undergoing a prenatal care visit with a health care professional.

Preventative Care

The number of immigrants that have not had routine care is high. Forgoing routine preventative care now will undoubtedly result in many of these new Iowans having to undergo more costly procedures once they do seek treatment for an ailment. The impact of forgoing care is amplified because the chances of positive outcomes diminish the longer an ailment goes untreated. These actions of new Iowans affect all Iowans, from the ability to access services (providers cannot afford to write off too much free care), to the price of health insurance (which subsidizes pro bono care). This is of particular concern because when respondents are unable to pay for health care services as they need them, they will continue to accrue bills, which will be a stress to them in the future.

Exhibit 4. Percentage of Immigrants That Have Never Had a Routine Check-Up With These Providers (combined sample)



The differences between the first sample and the second sample are as much about geographic differences as ethnic differences. Overall, there are differences based on ethnicity, but there are also differences based on community, as represented in the four communities of the first sample compared to the five communities of the second sample. Latinos in the first sample and the second sample are not the same set of Latinos.

The percentage of respondents in the second sample that had not had a routine exam with a medical doctor was greater than the proportion of respondents in the first sample, 20.6% compared with 14.8%. Comparing only the Latinos from each group, Latino respondents in the second sample still had not undergone a routine checkup more often than Latino respondents in the first sample, 20.6% compared to 17.3%. Routine medical examinations are not the only way to gauge the level of preventative care someone is receiving. Respondents in both samples were also asked whether and how often they visited an eye doctor and dentist for routine checkups. More respondents in the first sample reported they had never seen an eye doctor compared to the second sample: 60.3% and 46.6%, respectively.

Similarly, there was a greater proportion of respondents in the first sample who reported they had never seen a dentist for a routine checkup compared to the second sample: 31.5% and 16.9%, respectively. In determining whether ethnicity played a role in these preventative care indicators, the data showed that APIA respondents in the first sample had seen an eye doctor and a dentist at a lower rate than the Latino respondents.

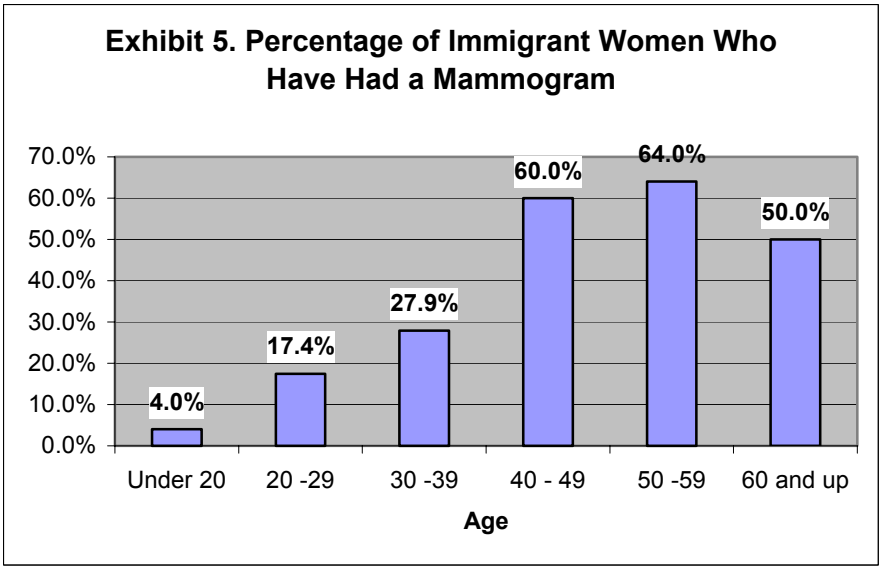
In the first sample, it was noted that a positive relationship existed between a respondent's length of time in the United States and having routine medical check-ups. In the combined sample this relationship was not present. It seems that the respondents in the second sample are accessing routine health care better than their counterparts in the first sample; thereby tilting the scale.

The change could also be a function of the data itself. It is self-reported and there are communication barriers, among them language, that make conveying an idea challenging. Therefore, just because a respondent said they have never seen any of the three aforementioned health care providers does not mean they do not practice preventative care. Thus, illustrating the preventative care story of Iowa's immigrants would not be complete without looking at whether respondents had certain procedures completed by a health care provider.

Slightly over two-thirds of female respondents from the combined sample replied "yes" when asked whether they had ever had a clinical breast exam. Unfortunately, this is not 100%, but the rate of those who had an exam does increase with age: 58.4% of women under 50 years of age have had an exam whereas 81.8% of women over 50 years of age have had an exam. Also, CHCs may be playing a role in the availability of health provider breast exams. Proportionately more immigrant women in CHC communities than non-CHC communities have had a breast exam, 76.1% compared to 58.3%[7].

Acculturation is occurring with mammogram exams just like clinical breast exams. As immigrant women get older, more have the procedure. Looking at Exhibit 5 one can see that the proportion of immigrant women who have had a mammogram doubles between the age categories of 30 to 39 years old and 40 to 49 years old. While this is a promising sign that the public health message is getting through, not everyone that needs one of these procedures is having it performed.

[7] CHCs perform better numerically as well as proportionately. Fifty-five and seven-tenths percent of women who have had an exam live in CHC communities. In other words, since CHCs have the largest row and column percentage in the cross-tabulation, they also have the largest number.



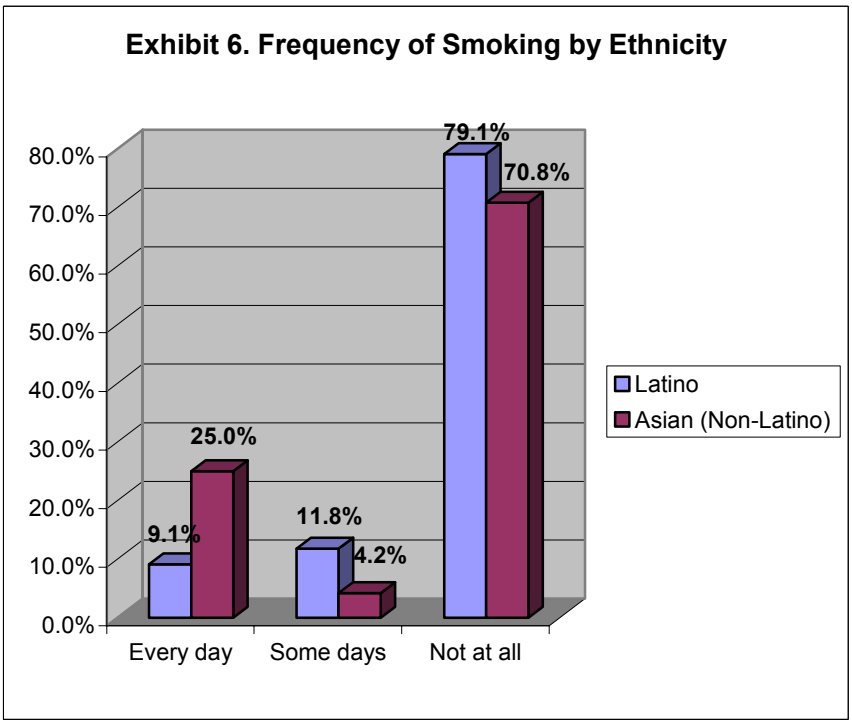
The good news about pap smears is that more immigrant women are undergoing this preventative care procedure than breast exams or mammograms. For the combined sample 82.1% of women have had a pap smear. What is probably just as important is the incidence is nearly as high among young women, ages 18 through 29, as it is among older women, 50 years of age and older.

Risk Behaviors

A complete analysis of a person's health status must include looking at certain behaviors that a person may engage in. As in the first sample, respondents in the second sample were asked about several risk behaviors they may or may not engage in. These behaviors include drinking, smoking and the frequency at which the respondent exercised. While these are once again self-reported answers, they do provide a profile of a person's health risk behaviors that can impact health status.

Smoking and drinking are behaviors that most people recognize as being unhealthy. Health professionals, in any capacity, continue to discuss the dangers of prolonged drinking and smoking to all of their patients. At the same time, health professionals encourage regular exercise and activity as a critical factor in leading a healthy lifestyle. Looking at the amount of drinking, smoking and the frequency a person exercises is also helpful from a health care planning perspective because these behaviors are predictors of a person's health in the future.

APIAs smoke more often than Latinos no matter whether one is examining the first sample or the combined sample. The proportion of APIAs that smoke compared to Latinos is more than double, 25% compared to 9.1%.



In the first sample, ethnicity played a role in determining how much a respondent would drink alcohol. Latinos drank more often than APIAs and when they drank, they consumed greater quantities. However, the combined data set does not show the same pattern. While APIAs have twice the proportion of non-drinkers that Latinos do, 14.1% compared to 7.9%, the difference is not statistically significant. The difference between Latinos and APIAs when it comes to the amount they imbibe is slight, as can be seen in Exhibit 7; notice there is never a great distance between the lines representing consumption rates for the two ethnicities in the study.

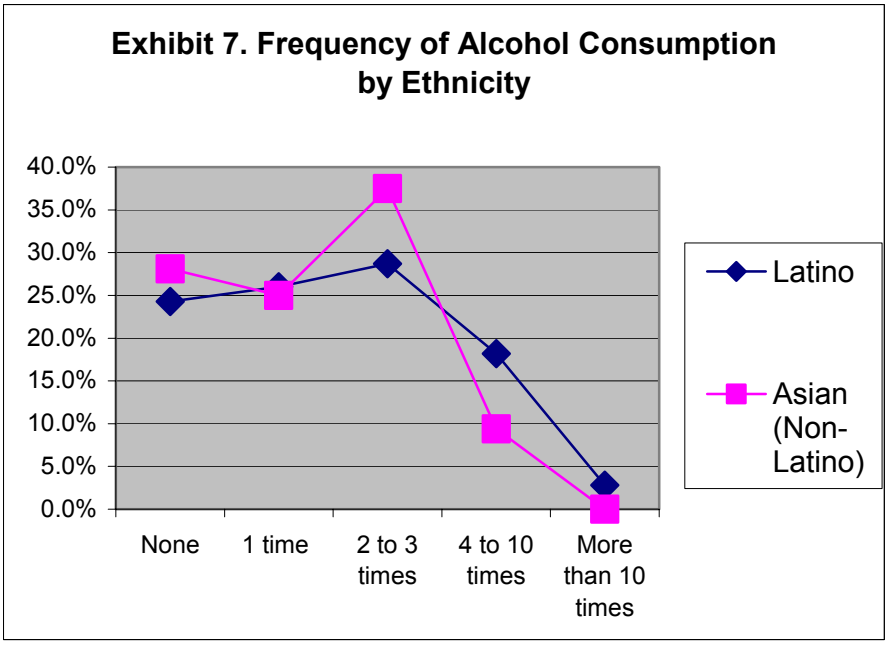


Exhibit 7 does not tell the complete story. Half the respondents (49.9%) admitted they occasionally drank, but did not/would not specify how often when queried further. So the findings comparing the amount of alcohol consumed by any other variable need to be taken tempered with that knowledge. (It is important to note, the comparisons between whether there was a difference by ethnicity when it came to drinking or not drinking took everyone that answered the question into account, including the 49.9% of the individuals that responded simply, "do not drink regularly[8]."")

Why was the relationship present in the first sample and not in the combined sample? The answer is simple: the second sample, which as mentioned earlier is entirely Latinos, drank less than the Latinos in the first sample.

What does this all mean? It would seem to indicate that one ethnicity does not need substance abuse treatment more than the other. Both APIAs and Latinos immigrants in the survey have similar consumption patterns, in regard to both binge drinking or drinking regularly.

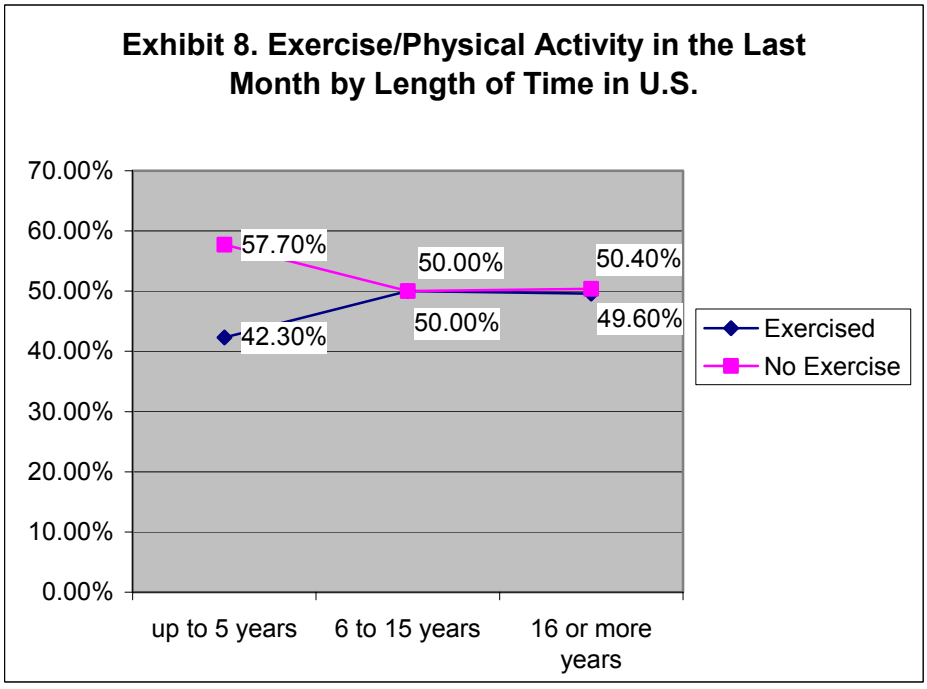
As was the case with the first sample, the combined sample displays a positive relationship between length of time in the United States and exercising. Exhibit 8 shows that as the length of stay in the United States increased for immigrants from less than five years to between six through fifteen years, there was a 7.7% increase in the proportion of individuals that exercised.

[8] This was done by constructing a dichotomous variable that allowed those responding "don't drink regularly" – a.k.a. drink sometimes – to be combined with those who responded by providing the frequency of times they imbibe.

As was speculated in the first analysis, the relationship may be the result of acculturation. Immigrants may have been influenced by societal cues and public education efforts to exercise.

However, as the time immigrants had been in the United States increased beyond sixteen years, the proportion of respondents who exercised fell slightly below the proportion reported for immigrants who had been in the United States six through fifteen years (50% compared to 49.6%).

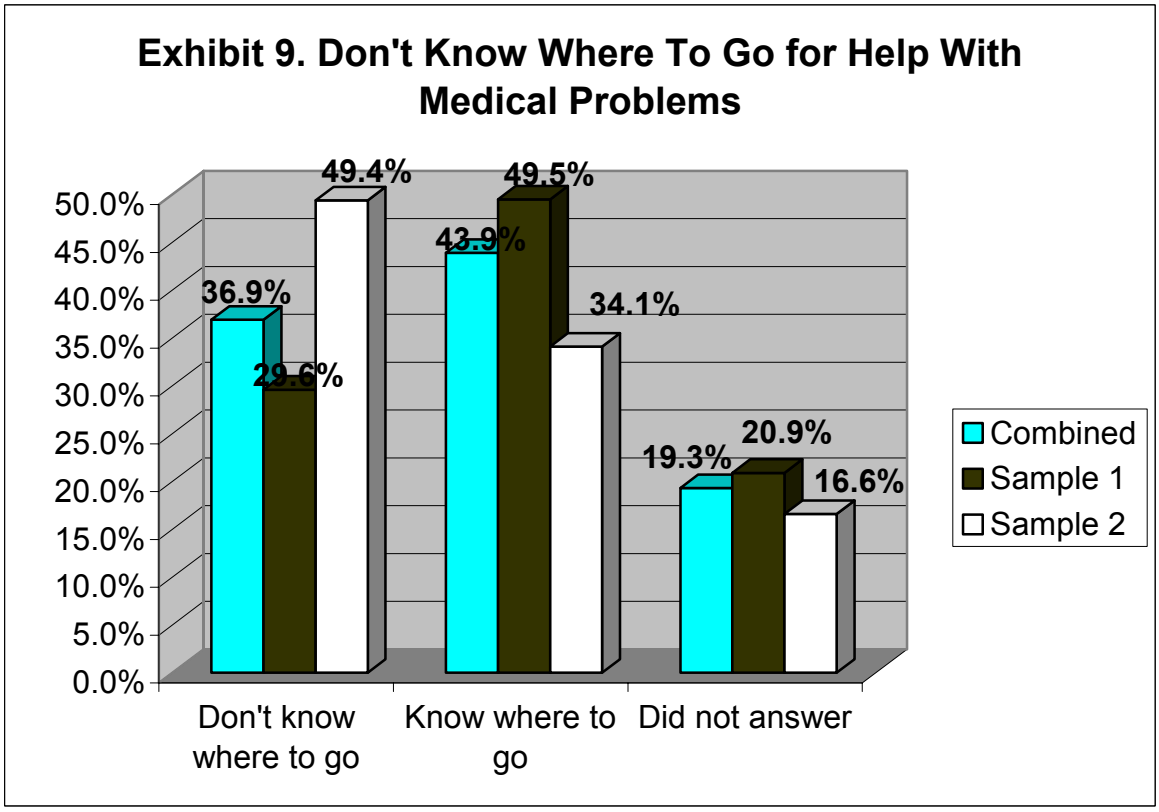
This downturn among immigrants who have been in the United States over sixteen years, may actually be a continuation of the trend when a mitigating variable – age – is taken into account. Almost 60% (59.4%) of the respondents who have been in the United States more than sixteen years are over the age of 35. So the decrease in exercise among immigrants who have been in the United Sates over sixteen years should not be surprising; the proportion of older individuals who exercise is less whether immigrant or U.S. citizen. If this is the case, then immigrants really have become acculturated.



Immigrants' Knowledge of the Delivery System

One of the intentions of this study is to offer first steps in assuring access to health care. Based on responses given, education appears to be one of those first steps. New Iowans need to have a working knowledge of the health care system in order to access health care. Without this knowledge it does not matter that they are in a state with some of the best care in the country. In this section of the report, how well immigrants understand the delivery system is investigated by examining whether respondents know where to seek care, where those who get care receive it, and some of the finer nuances of the delivery system, such as the establishment of a medical home.

The most basic indicator of whether one understands the delivery system is whether they know where to go for medical care. Overall, knowledge of the medical system by those in the second sample is statistically significantly less than those in the first sample. In the first sample, 30% of respondents did not know where to go for help with medical problems compared to 37% who did not know in the second sample.



Regardless of which set of respondents knew less, it can be said there is a lack of knowledge about where to get help among immigrants that requires outreach; however, the need appears

even greater for Latino immigrants. In the first sample, a disproportionately large share of Latinos did not know where to go for health services compared to APIAs (46% Latinos vs. 12.5% APIAs). Also, in the second sample, which is exclusively Latinos, the ratio of those who do not know where to seek health care increases.

Immigrants may not know where to go for help, so what do they do when they get sick? The surveys ask several questions of immigrants to determine whom they turn to or where they go. Exhibit 10 lists the percentages of respondents who acknowledged using a particular person or resource when they were sick in the last 12 months. In other words, a person might have selected more than one option, which in this case is a person or resource.

Exhibit 10. Person or Resource Used When Sick in the Last Twelve Months (combined sample)

Person or Resource	***Percentage***
Medical Doctor	82.9
Pharmacist (non-prescription advice)	42.6
Nurse practitioner	42.1
Emergency Room	36.8
Family/friend/neighbor	24.9
Chiropractor	19.9
Church/Temple	19.3
Community Center	7.8
Counselor	4.7
Curandero/Medicine man	2.7
Psychic/Spiritualist	2.7

There are many reasons why immigrants chose one health resource over another when they are sick. Constructing an explanation that neatly ties all the utilization information in Exhibit 10 together would be conjecture. However, it is worth examining whether utilization of certain resources is different in communities with Community Health Centers. After all, the mission of CHCs is to provide medical access in underserved communities. Nurse practitioners, pharmacists, and family/friends/neighbors were used at a statistically significantly higher rate in non-CHC communities. As was asserted in the first study, this could be an access issue for immigrants.

The most obvious finding is that more immigrants who access medical care use doctors more than any other provider. It is not just that immigrants see doctors, but it is where they see them that is a gauge of how well immigrants understand how the delivery system is intended to work. Those immigrants that are accessing the system understand this nuance of the system: doctors are predominately visited in their office, a Health Department, or CHC; only 3.5% usually see a doctor in the emergency room.

Continuity of care is another subtle facet of a health care delivery system that is difficult to convey and measure, especially across languages. Seeing the same provider helps to ensure that treatments are carried through to their completion and that the provider is aware of all aspects of patient treatment, thereby being able to prevent unwanted interactions. Only slightly more than one-third (35.7%) have a particular medical provider they usually see. Among Latino male respondents, the proportion drops to 20.9%; only one in five who access care go to the same provider.

Barriers to Health Care

Ultimately, the purpose of removing barriers to care is to ensure that everyone has access to appropriate and affordable health care. Unfortunately, many immigrants who responded agree that ethnicity is a barrier to receiving health care in their community, 49.3% to be precise. In other words, these immigrants do not feel welcome because of who they are. Fortunately though, that perception does not hold constant for all immigrants that responded. It is more pronounced among those immigrants whose health care providers are not able to speak their patients' language, 65.2% compared to 35.7%.

In addition to the overarching feeling that their ethnicity is a barrier to receiving health care in their community, immigrants face a myriad of other barriers to accessing health care. Some barriers are personal and circumstantial while others are institutional situations that can be altered. Regardless, barriers are experienced by a considerable proportion of the respondents as is evident in Exhibit 11.

Exhibit 11. Barriers to Health Care Experienced in the Last Twelve Months (Combined Sample)

Barrier	***Percentage***
Transportation	52.8
Provider doesn't speak language	46.4
Too long a wait at office	40.1
Cost	46
Clinic or office hours	40.1
Don't trust/like doctor	41.3
Takes too long to get an appointment	25.4
Provider doesn't understand culture	31.2
Treated differently cause of ethnicity	18.7

Transportation is the number one barrier in both samples. This barrier is more of a problem for women than men and for Latinos more than APIAs. Among Latinos it is a much larger problem for women, 60.8% have experienced this barrier compared to 46.8% of the Latino men. Previous research on Latinos in Iowa found that many new Latino immigrant families have only one automobile per family. So when the male takes the vehicle to work, females and children who are left at home often do not have transportation. Of those immigrants that do not work for money, 60% identify themselves as homemakers, which is roughly one-quarter of all respondents.

Transportation stands above the others as the number one barrier to accessing health care. Providers not speaking the same language as the patient and cost of care were tied for second place as barriers cited. Immigrants perceiving their care based on their ethnicity/race is more than just being a function of medical providers not speaking the same language as them, although it was a significant factor: of those respondents that felt they have been treated differently because of their race/ethnicity, 67.5% have a provider that does not speak their language. There are also statistically significant differences between respondents whose providers speak their patients' language and those respondents whose providers do not, in regard to a number of areas:

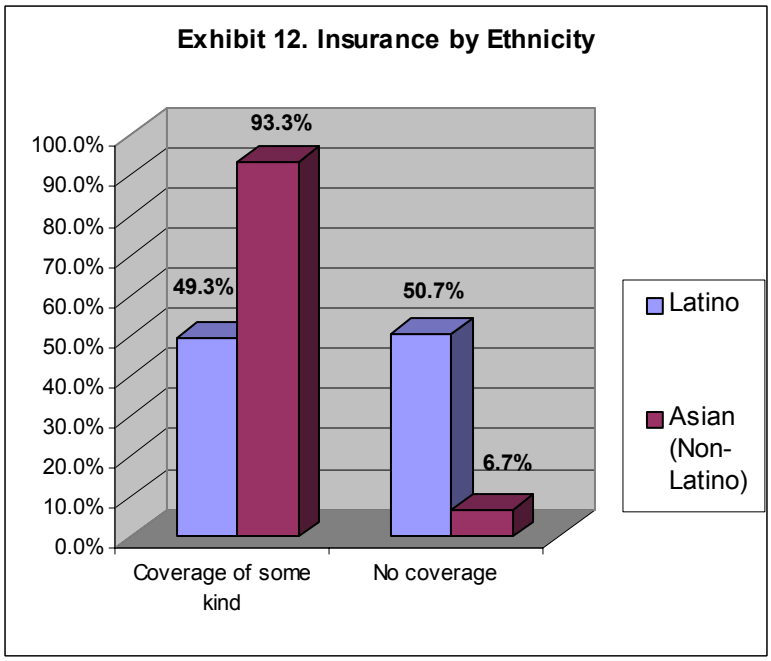
- Of those respondents who felt they had to wait too long at a provider's office, 55.8% have a provider that does not speak their language.
- Of those respondents that think it takes too long to get an appointment, 57.7% have a provider that does not speak their language.

Even though 0.4% more immigrants who responded thought that providers not speaking the same language as the patient was a larger barrier than cost, for all practical purposes these two barriers are in a dead heat when it comes to which one is a greater barrier. Within the immigrant responders there were differences noted among those who perceive cost as a barrier. There is a statistically significant difference showing that Latinos are more likely to think cost is a barrier than APIAs. Additionally, as one might expect, as respondents' income increases, cost is perceived as less of a barrier[9].

Throughout the United States, medical care is primarily delivered through the market place. If one wants medical care, then one must pay for it. The primary means used to pay for medical care is health insurance. Cost is not a barrier to 70.5% of the respondents who have insurance coverage. Conversely, of those who think cost is a barrier 62.4% do not have insurance. No matter how the respondents' answers are dissected, whether or not cost was a barrier is dependent upon whether or not the respondent had health insurance coverage.

Thus, who has insurance becomes important because it translates into who faces cost as a barrier to health care. Ironically, a larger proportion of uninsured immigrants can be found in meat processing communities - Ottumwa, Perry, Storm Lake, Denison, and Council Bluffs. So despite many immigrants holding jobs where insurance benefits are available, they are not taking part. Possible reasons for declining health insurance through the workplace include co-payments, deductibles, or lack of understanding of how insurance works.

[9] While this relationship was statistically significant using the Kendall Tua b test, the highest income category had a larger ratio of people than the second highest category, who thought cost was a barrier. This could be due to the fact that as respondents begin to report wages in the top bracket they lose eligibility for government provided services.



Clearly more Latino immigrants do not have health insurance compared to the APIA respondents. From Exhibit 12 it can be discerned that almost all APIA respondents have insurance, 93.3%. In contrast, slightly less than half, 49.3%, of Latinos have insurance. The rate of insurance among APIAs is comparable to Iowans overall, while the rate of insurance among Latinos points out a huge coverage gap[10]. This should be a major concern since access to medical care in the United States is largely dictated by whether or not one has insurance coverage.

Health care is a necessity. Many immigrants in the study sought health care regardless of whether or not they could afford it: however, this is not true for all the respondents. In the year prior to this study, 24.7% of the respondents did not see a health care provider when they needed to because of cost. This is nearly five times higher than the average for all Iowans: 5%[11].

[10] http://www.iowahealthonline.com, State Planning Grant, Iowa Department of Public Health.
[11] http://www.iowahealthonline.com, State Planning Grant Iowa Department of Public health.

Conclusions

This data provides an insight into immigrants' health status, thereby providing a baseline for measurement. The study also illuminates immigrants' ability to access health care and what services they might need. The first finding one notices from the results is that immigrants are not getting in to see medical providers: 17.4% have never seen a primary care doctor; 25.8% have never seen a dentist; and 55.4% have never seen an eye doctor.

Obviously, if immigrants are not seeing medical providers, then they are not being screened for certain illnesses. However, when they do get screened some of the illnesses found in the nonimmigrant population are appearing in immigrants, high cholesterol is an example. Twenty and five-tenths percent of those screened for cholesterol showed signs of high cholesterol; 65.3% have never been screened. It is reasonable to assume if more immigrants were screened, many more would be found to have this condition.

As would be expected this data also point out some of the particular health needs immigrants have. Some of Iowa's new immigrants are involved in heavy physical labor in meat processing communities; immigrants in these towns report joint pain and arthritis. The percentage of women who have been pregnant in the last five years is relatively high, 62.1%. Pregnancy at this rate not only requires delivery services, but also prenatal and postnatal care for both mother and infant.

These findings indicate that there is a need in the immigrant population for particular kinds of care and that immigrants are not getting that care. The question is, why are they not getting that care? Slightly over one-third of the immigrants who responded said they do not know where to go for help with medical issues, a problem that is far more prevalent among Latinos. Additionally, immigrants face a myriad of barriers to accessing care from the cultural to the pragmatic: lack of knowledge; medical providers not speaking the same language; transportation issues; and cost.

Community health centers are helping to partially bridge the gap. Respondents from communities with a CHC rated their health better than respondents from non-CHC communities. CHCs already address some of the issues immigrants face in accessing health care, such as cost and the language barrier. Cost is a problem for immigrants, especially those without insurance. CHCs take this into account in their payment schedule for services. Likewise, CHCs are trying to address the language barrier immigrants must overcome to access care. Unfortunately, the facilities' individual ability to provide interpreters, even among those in this survey, runs the gamut due to budget constraints: Council Bluffs has interpreters on staff, they

use the Latino Resource Center in their community and Sioux City has nearly nine full time employees as interpreters, who are conversant in three different languages.

While CHCs partially bridge the gap now, the message from this data is that a chasm actually exists and more needs to be done to bridge the expanse. Real barriers exist at the point of delivery, such as language/cultural issues and cost. There are also issues surrounding transporting immigrants to sites that provide care: one-third do not know where to go to seek medical care and transportation was the most frequently selected barrier to care.

Methods Section

Sample

The sampling for both rounds of interviewing was similar except in regards to the population and time. In the first sample, a total of 641 interviews of immigrants were conducted, 551 of these interviews were usable. Respondents were, 18 years or older, at the time interviews were being conducted, which was during February of 2001. The first sample was a convenience sample drawn from Louisa County, Ottumwa, Perry and Sioux City.

The second sample collected an additional 344 interviews with Latino immigrants, 18 years or older, from five towns in five different counties. Of these, 322 were usable. The towns and corresponding counties include Council Bluffs - Pottawattamie, Denison - Crawford, Hampton - Franklin, Lenox - Taylor and Storm Lake - Buena Vista. The breakdown of respondents by county and city, and other sociodemographic variables are shown in the frequency report (Attachment 1).

Instrumentation

The minority health survey questionnaire was used for data collection in this study. The instrument was developed by the University of Nebraska and previously used in minority health studies in several other communities. Additional items were added to cater to specific issues peculiar to this population. The precoded instrument was translated from English to Spanish, the native language of the target population. The University of Northern Iowa Human Subjects Review Committee gave human subjects approval.

Data Collection

Selected community members of the target population were trained as interviewers by University of Northern Iowa Global Health Corps staff in October 2001. Separate training sessions were conducted for each group of interviewers for each language, using an interview guide prepared by the Global Health Corps. The interview training provided interviewers with tips in the act of interviewing and a practice session.

Interviewees signed a confidentiality declaration. Interviews were conducted between November 2001 and January 2002. Interviewers recruited subjects from various locations to participate in the study, including health clinics, community functions, places of worship, schools, and from among friends and acquaintances. Face-to-face interviews were conducted, with the trained interviewers recording subjects' answers.

Data Analysis

Data entry and analysis were completed by the University of Northern Iowa, Global Health Corps and State Public Policy Group using the Statistical Package for the Social Sciences (SPSS). The analysis for this final report was completed in April 2002.

Attachments

Immigrant and Refugee Health Survey Frequency Report Combined Sample

Introduction to be read by the interviewer:

"Hello. My name is _____. I am working with the Iowa Department of Public Health. I am collecting information from many different refugees and immigrants in our area about their health status, attitudes, and practices. This type of information is collected a lot by government health departments in the United States. We will keep your answers confidential and private. Your responses are anonymous, and you don't have to answer any questions if you don't want to. The information you give me will not be used against you in any way by the police, immigration officers, your bosses, or other people. The Health Department just wants to try to get more information about your health needs and concerns so that they can provide better services to you. In order for you to participate in this survey, though, you need to be 18 years or older and not already have been interviewed for this study."

Section A: Seat Belts

1) How often do you use seat belts when you drive or ride in a car or vehicle?

Frequency of seatbelt use when driving or riding

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Always	742	85.2	86.7	86.7
	Nearly always	67	7.7	7.8	94.5
	Sometimes	40	4.6	4.7	99.2
	Seldom	2	.2	.2	99.4
	Never	5	.6	.6	100.0
	Total	856	98.3	100.0	
Missing	Never drive or ride in a car/not apply	8	.9		
	Don't know/not sure	4	.5		
	System Missing	3	.3		
	Total	15	1.7		
Total		871	100.0		

Section B: Exercise

2) During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, sports, dancing, or walking for exercise?

Exercised during the past month

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	393	45.1	46.5	46.5
	No	453	52.0	53.5	100.0
	Total	846	97.1	100.0	
Missing	Don't know/not sure	7	.8		
	Refused	1	.1		
	System missing	17	2.0		
	Total	25	2.9		
Total		871	100.0		

3) How many times per week or per month did you take part in these activities during the past month?

Number of times exercisers exercised "last week"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-2 times per week	152	17.5	42.8	42.8
	3-7 times per week	203	23.3	57.2	100.0
	Total	355	40.8	100.0	
Missing	System missing	516	59.2		
	Total	516	59.2		
Total		871	100.0		

4) When you took part in this activity, for how many minutes or hours did you usually keep at it?

Descriptive statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Length of exercise period in minutes	360	5.00	240.00	68.6389	49.8826
Valid N (listwise)	360				

Section C: Tobacco Use

5) Do you now smoke cigarettes every day, some days, or not at all?

Frequency of cigarette smoking

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Every day	87	10.0	10.5	10.5
	Some days	89	10.2	10.7	21.3
	Not at all	652	74.9	78.7	100.0
	Total	828	95.1	100.0	
Missing	Refused	10	1.1		
	System missing	33	3.8		
	Total	43	4.9		
Total		871	100.0		

6) On the average, about how many cigarettes a day do you now smoke?

Descriptive statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average number of cigarettes currently smoked per day	87	1.00	20.00	8.3908	5.6555
Valid N (listwise)	87				

7) About how old were you when you first started smoking cigarettes daily?

Descriptive statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Age at which daily cigarette smoking started	81	9.00	35.00	18.2222	4.5853
Valid N (listwise)	81				

8) During the past 12 months, have you quit smoking for 1 day or longer?

Ever quit smoking for 1 day or longer during the past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	45	5.2	48.4	48.4
	No	48	5.5	51.6	100.0
	Total	93	10.7	100.0	
Missing	Not apply	3	.3		
	Don't know/not sure	1	.1		
	System missing	774	88.9		
	Total	778	89.3		
Total		871	100.0		

Section D: Alcohol Consumption

9) During a typical month, how many days per week or per month do you drink any alcoholic beverages?

Descriptive statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Number of days on which alcohol is drunk in a typical month	235	.00	28.00	2.3362	3.2676
Valid N (listwise)	235				

10) How old were you when you started drinking alcoholic beverages at least once a week?

Age when regular alcohol started

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	17 years or younger	17	2.0	21.8	21.8
	18-24 years	45	5.2	57.7	79.5
	25 years or older	16	1.8	20.5	100.0
	Total	78	9.0	100.0	
Missing	System missing	793	91.0		
	Total	793	91.0		
Total		871	100.0		

11) A drink is one 12 oz can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank alcoholic beverages, about how many did you have on average?

Amount of drinks taken per drinking day

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-2 drinks	17	2.0	21.8	21.8
	3-4 drinks	45	5.2	57.7	79.5
	5 or more drinks	16	1.8	20.5	100.0
	Total	78	9.0	100.0	
Missing	System Missing	793	91.0		
	Total	793	91.0		
Total		871	100.0		

12) Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

Number of times 5 or more drinks were taken per drinking episode in the past month

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	26	3.0	30.2	30.2
	1-2 episodes	25	2.9	29.1	59.3
	3-4 episodes	18	2.1	20.9	80.2
	5 episodes or more	17	2.0	19.8	100.0
	Total	86	9.9	100.0	
Missing	System missing	785	90.1		
	Total	785	90.1		
Total		871	100.0		

13) During a typical month in the last year, how many times have you driven after having 5 or more drinks?

Number of times driving after taking 5 or more drinks during a typical month in the last year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	56	6.4	75.7	75.7
	1.00	5	.6	6.8	82.4
	2.00	6	.7	8.1	90.5
	3.00	1	.1	1.4	91.9
	4.00	1	.1	1.4	93.2
	5.00	1	.1	1.4	94.6
	6.00	1	.1	1.4	95.9
	7.00	3	.3	4.1	100.0
	Total	74	8.5	100.0	
Missing	Not apply	10	1.1		
	Don't know/not sure	7	.8		
	Refused	1	.1		
	System Missing	779	89.4		
	Total	797	91.5		
Total		871	100.0		

Section E: Women's Health

14) A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

Ever had a clinical breast exam

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	263	30.2	67.3	67.3
	No	128	14.7	32.7	100.0
	Total	391	44.9	100.0	
Missing	Not apply (male)	61	7.0		
	Don't know/not sure	2	.2		
	Refused	2	.2		
	System missing	415	47.6		
	Total	480	55.1		
Total		871	100.0		

15) How long has it been since your last clinical breast exam?

How long since the last clinical breast exam occurred

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within 0 to 12 months	202	23.2	75.1	75.1
	Within 13 to 24 months	48	5.5	17.8	92.9
	Within 25 to 36 months	11	1.3	4.1	97.0
	Within 37 to 60 months	3	.3	1.1	98.1
	Over 60 months ago	5	.6	1.9	100.0
	Total	269	30.9	100.0	
Missing	Not apply	1	.1		
	Refused	2	.2		
	System missing	599	68.8		
	Total	602	69.1		
Total		871	100.0		

16) Do you examine your own breasts every month to check for lumps or other unusual problems?

Monthly breast self-examination

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	188	21.6	49.5	49.5
	No	192	22.0	50.5	100.0
	Total	380	43.6	100.0	
Missing	Not apply	3	.3		
	Don't know/not sure	4	.5		
	Refused	4	.5		
	System missing	480	55.1		
	Total	491	56.4		
Total		871	100.0		

17) A mammogram is an x-ray of the breast. Have you ever had a mammogram?

Ever had a mammogram

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	109	12.5	28.3	28.3
	No	276	31.7	71.7	100.0
	Total	385	44.2	100.0	
Missing	Not apply	2	.2		
	Refused	3	.3		
	System missing	481	55.2		
	Total	486	55.8		
Total		871	100.0		

18) How long has it been since you had your last mammogram?

How long since the last mammogram

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within 0 to 12 months	37	4.2	64.9	64.9
	Within 13 to 24 months	12	1.4	21.1	86.0
	Within 25 to 36 months	4	.5	7.0	93.0
	Within 37 to 60 months	1	.1	1.8	94.7
	Over 60 months ago	3	.3	5.3	100.0
	Total	57	6.5	100.0	
Missing	Not apply	6	.7		
	Don't know/not sure	2	.2		
	Refused	1	.1		
	System missing	805	92.4		
	Total	814	93.5		
Total		871	100.0		

19) Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

Reason for the last mammogram

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Routine checkup	93	10.7	86.1	86.1
	Breast problem other than cancer	13	1.5	12.0	98.1
	Had breast cancer	2	.2	1.9	100.0
	Total	108	12.4	100.0	
Missing	Not apply	8	.9		
	Don't know/not sure	2	.2		
	Refused	4	.5		
	System missing	749	86.0		
	Total	763	87.6		
Total		871	100.0		

20) Have you ever had a Pap smear?

Ever had a Pap smear

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	309	35.5	80.9	80.9
	No	73	8.4	19.1	100.0
	Total	382	43.9	100.0	
Missing	Not apply	2	.2		
	Don't know/not sure	1	.1		
	Refused	5	.6		
	System missing	481	55.2		
	Total	489	56.1		
Total		871	100.0		

21) How long has it been since you had your last Pap smear?

How long since the last Pap smear

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within 0 to 12 months	247	28.4	79.7	79.7
	Within 13 to 24 months	41	4.7	13.2	92.9
	Within 25 to 36 months	12	1.4	3.9	96.8
	Within 37 to 60 months	5	.6	1.6	98.4
	Over 60 months ago	5	.6	1.6	100.0
	Total	310	35.6	100.0	
Missing	Not apply	2	.2		
	Refused	1	.1		
	System missing	558	64.1		
	Total	561	64.4		
Total		871	100.0		

22) Was your last Pap smear done as part of a routine exam, to check a current or previous problem, or for some other reason?

Reason for last Pap smear

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Routine exam	276	31.7	89.6	89.6
	Check current or previous problem	20	2.3	6.5	96.1
	Other	12	1.4	3.9	100.0
	Total	308	35.4	100.0	
Missing	System missing	563	64.6		
	Total	563	64.6		
Total		871	100.0		

Other answers:

- To receive birth control
- Pregnancy
- Cold and flu
- Pregnant
- Physical exam when I first came to the U.S.
- I am pregnant.

23) Have you been pregnant in the last 5 years?

Ever been pregnant in the last 5 years

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	184	21.1	51.7	51.7
	No	172	19.7	48.3	100.0
	Total	356	40.9	100.0	
Missing	Not apply	10	1.1		
	Refused	2	.2		
	System missing	503	57.7		
	Total	515	59.1		
Total		871	100.0		

24) With your most recent pregnancy (regardless of whether it went full term), during what month of the pregnancy did you first visit a doctor or nurse?

Month of first prenatal care visit

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No visit	15	1.7	7.2	7.2
	Before 3rd month	140	16.1	67.3	74.5
	3rd month	28	3.2	13.5	88.0
	4th month	7	.8	3.4	91.3
	5th month	5	.6	2.4	93.8
	6th month	2	.2	1.0	94.7
	7th month	6	.7	2.9	97.6
	9th month	5	.6	2.4	100.0
	Total	208	23.9	100.0	
Missing	Not apply	6	.7		
	System missing	657	75.4		
	Total	663	76.1		
Total		871	100.0		

25) Did you smoke during your most recent pregnancy?

Smoked during most recent pregnancy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	.8	3.8	3.8
	No, I wasn't a smoker	173	19.9	93.0	96.8
	No, I quit because of my pregnancy	6	.7	3.2	100.0
	Total	186	21.4	100.0	
Missing	Not apply	16	1.8		
	Refused	1	.1		
	System missing	668	76.7		
	Total	685	78.6		
Total		871	100.0		

26) On the average, about how many cigarettes a day did you smoke during your most recent pregnancy?

Number of cigarettes smoked during most recent pregnancy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2 cigarettes	3	.3	60.0	60.0
	3 cigarettes	1	.1	20.0	80.0
	20 cigarettes	1	.1	20.0	100.0
	Total	5	.6	100.0	
Missing	Not apply	19	2.2		
	System missing	847	97.2		
	Total	866	99.4		
Total		871	100.0		

27) If during your most recent pregnancy you reduced or stopped smoking, what helped you to make that decision?

What helped to stop or reduce smoking during most recent pregnancy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Family member advice/support	1	.1	12.5	12.5
	Health care provider advice	5	.6	62.5	75.0
	Public awareness	1	.1	12.5	87.5
	No, did not reduce or stop smoking	1	.1	12.5	100.0
	Total	8	.9	100.0	
Missing	Not apply	18	2.1		
	Don't know/not sure	1	.1		
	Refused	2	.2		
	System missing	842	96.7		
	Total	863	99.1		
Total		871	100.0		

Section F: Children Issues

28) What are the ages of the children, under the age of 18, living in this home for whom you are the primary caretaker?

Number of children living in respondent's home for whom respondent is the primary caretaker: under 1 year of age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	72	8.3	90.0	90.0
	2	7	.8	8.8	98.8
	4	1	.1	1.3	100.0
	Total	80	9.2	100.0	
Missing	No children in household	157	18.0		
	System missing	634	72.8		
	Total	791	90.8		
Total		871	100.0		

Number of children living in respondent's home for whom respondent is the primary caretaker: between 1 and 4 years of age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	156	17.9	88.1	88.1
	2	19	2.2	10.7	98.9
	3	1	.1	.6	99.4
	4	1	.1	.6	100.0
	Total	177	20.3	100.0	
Missing	No children in household	89	10.2		
	System missing	605	69.5		
	Total	694	79.7		
Total		871	100.0		

Number of children living in respondent's home for whom respondent is the primary caretaker: between 5 and 9 years of age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	117	13.4	83.6	83.6
	2	17	2.0	12.1	95.7
	3	5	.6	3.6	99.3
	5	1	.1	.7	100.0
	Total	140	16.1	100.0	
Missing	No children in household	91	10.4		
	Refused	1	.1		
	System missing	639	73.4		
	Total	731	83.9		
Total		871	100.0		

Number of children living in respondent's home for whom respondent is the primary caretaker: between 10 and 12 years of age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	73	8.4	78.5	78.5
	2	20	2.3	21.5	100.0
	Total	93	10.7	100.0	
Missing	No children in household	101	11.6		
	System missing	677	77.7		
	Total	778	89.3		
Total		871	100.0		

Number of children living in respondent's home for whom respondent is the primary caretaker: between 13 and 15 years of age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	57	6.5	87.7	87.7
	2	7	.8	10.8	98.5
	3	1	.1	1.5	100.0
	Total	65	7.5	100.0	
Missing	No children in household	105	12.1		
	System missing	701	80.5		
	Total	806	92.5		
Total		871	100.0		

Number of children living in respondent's home for whom respondent is the primary caretaker: between 16 and 17 years of age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	33	3.8	82.5	82.5
	2	7	.8	17.5	100.0
	Total	40	4.6	100.0	
Missing	No children in household	114	13.1		
	System missing	717	82.3		
	Total	831	95.4		
Total		871	100.0		

29) When you drive or ride in a car, do you use child protective car seats or booster seats for your children under five years of age, or under 40 pounds of weight?

Use child car seat protection for under-5 children

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Always	319	36.6	90.1	90.1
	Nearly always	11	1.3	3.1	93.2
	Sometimes	7	.8	2.0	95.2
	Seldom	4	.5	1.1	96.3
	Never	13	1.5	3.7	100.0
	Total	354	40.6	100.0	
Missing	Not apply	56	6.4		
	Don't know/not sure	2	.2		
	Refused	2	.2		
	System missing	457	52.5		
	Total	517	59.4		
Total		871	100.0		

30) If your children under five never use a protective car seat, it is due to:

Why children under-5 never use protective car seat

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cost	5	.6	12.5	12.5
	Don't believe in seat belt use	3	.3	7.5	20.0
	Other	32	3.7	80.0	100.0
	Total	40	4.6	100.0	
Missing	Not apply	43	4.9		
	Don't know/not sure	2	.2		
	Refused	2	.2		
	System missing	784	90.0		
	Total	831	95.4		
Total		871	100.0		

Other answers:

- Weighs over 40 pounds
- Yes
- We just came to the United States.

31) Does anyone smoke in the house or in the car when the children are there?

Anyone smoke in the house or car with children present

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	44	5.1	9.4	9.4
	Yes, but not around children	35	4.0	7.5	16.8
	No	390	44.8	83.2	100.0
	Total	469	53.8	100.0	
Missing	Not apply	32	3.7		
	System missing	370	42.5		
	Total	402	46.2		
Total		871	100.0		

32) Do you take your children to the dentist at least once per year for a routine dental exam?

At least once a year child routine dental exam

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	277	31.8	62.8	62.8
	No	164	18.8	37.2	100.0
	Total	441	50.6	100.0	
Missing	Not apply	52	6.0		
	Don't know/not sure	2	.2		
	Refused	1	.1		
	System missing	375	43.1		
	Total	430	49.4		
Total		871	100.0		

33) Have any of your children ever been treated for lead poisoning?

Any children ever treated for lead poisoning

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	34	3.9	7.6	7.6
	No	416	47.8	92.4	100.0
	Total	450	51.7	100.0	
Missing	Not apply	39	4.5		
	Don't know/not sure	5	.6		
	Refused	1	.1		
	System missing	376	43.2		
	Total	421	48.3		
Total		871	100.0		

34) Do any of your children suffer from asthma?

Any children suffer from asthma

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	2.5	4.9	4.9
	No	426	48.9	95.1	100.0
	Total	448	51.4	100.0	
Missing	Not apply	29	3.3		
	Don't know/not sure	2	.2		
	Refused	2	.2		
	System missing	390	44.8		
	Total	423	48.6		
Total		871	100.0		

Has your youngest child who is at least 2 years old received the following vaccinations:

35) Four DTP shots? (diphtheria, tetanus, and pertussis)

Youngest child, at least 2 years old, received 4 DPT shots

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	378	43.4	97.4	97.4
	No	10	1.1	2.6	100.0
	Total	388	44.5	100.0	
Missing	Not apply	68	7.8		
	Don't know/not sure	3	.3		
	Refused	1	.1		
	System missing	411	47.2		
	Total	483	55.5		
Total		871	100.0		

36) Three doses of Polio Vaccine?

Youngest child, at least 2 years old, received 3 doses of polio vaccine

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	377	43.3	97.4	97.4
	No	10	1.1	2.6	100.0
	Total	387	44.4	100.0	
Missing	Not apply	68	7.8		
	Don't know/not sure	6	.7		
	Refused	1	.1		
	System missing	409	47.0		
	Total	484	55.6		
Total		871	100.0		

37) One dose of MMR? (measles, mumps, and rubella)

Youngest child, at least 2 years old, received 1 dose of MMR

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	372	42.7	97.9	97.9
	No	8	.9	2.1	100.0
	Total	380	43.6	100.0	
Missing	Not apply	69	7.9		
	Don't know/not sure	9	1.0		
	Refused	1	.1		
	System missing	412	47.3		
	Total	491	56.4		
Total		871	100.0		

38) Of the following categories, identify the primary reason which best describes why this child did not receive all of the above immunizations?

Primary reason for child not receiving all listed immunizations

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Too expensive	6	.7	9.1	9.1
	No reason	46	5.3	69.7	78.8
	Worried about bad side effects	5	.6	7.6	86.4
	Vaccination services are not available in the community	1	.1	1.5	87.9
	Not available to fit my schedule	1	.1	1.5	89.4
	Other	7	.8	10.6	100.0
	Total	66	7.6	100.0	
Missing	Not apply	48	5.5		
	Don't know/not sure	3	.3		
	System missing	754	86.6		
	Total	805	92.4		
Total		871	100.0		

Section G: HIV/AIDS

39) Do you think HIV is the same as AIDS?

HIV same as AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	541	62.1	66.5	66.5
	No	153	17.6	18.8	85.4
	I am not familiar with HIV/AIDS	119	13.7	14.6	100.0
	Total	813	93.3	100.0	
Missing	Don't know/not sure	26	3.0		
	Refused	4	.5		
	System missing	28	3.2		
	Total	58	6.7		
Total		871	100.0		

40) Do you think a pregnant woman who has HIV can give this virus to her unborn baby?

Gestational transmission of HIV possible

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	707	81.2	91.7	91.7
	No	64	7.3	8.3	100.0
	Total	771	88.5	100.0	
Missing	Not apply	44	5.1		
	Don't know/not sure	19	2.2		
	Refused	5	.6		
	System missing	32	3.7		
	Total	100	11.5		
Total		871	100.0		

41) In general, which of the following categories pose as high risk for contracting HIV/AIDS?

Sharing needles through intravenous drug use poses high risk for HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	792	90.9	95.5	95.5
	No	8	.9	1.0	96.5
	Not apply	29	3.3	3.5	100.0
	Total	829	95.2	100.0	
Missing	Don't know	5	.6		
	Refused	7	.8		
	System Missing	30	3.4		
	Total	42	4.8		
Total		871	100.0		

Multiple sexual partners without condom use poses high risk for HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	789	90.6	98.1	98.1
	No	15	1.7	1.9	100.0
	Total	804	92.3	100.0	
Missing	Not apply	24	2.8		
	Don't know	6	.7		
	Refused	6	.7		
	System missing	31	3.6		
	Total	67	7.7		
Total		871	100.0		

Kissing a person with AIDS on the lips poses high risk for HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	295	33.9	41.3	41.3
	No	420	48.2	58.7	100.0
	Total	715	82.1	100.0	
Missing	Not apply	81	9.3		
	Don't know	24	2.8		
	Refused	6	.7		
	System missing	45	5.2		
	Total	156	17.9		
Total		871	100.0		

Mosquito bites pose high risk for HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	438	50.3	62.0	62.0
	No	268	30.8	38.0	100.0
	Total	706	81.1	100.0	
Missing	Not apply	76	8.7		
	Don't know	40	4.6		
	Refused	5	.6		
	System missing	44	5.1		
	Total	165	18.9		
Total		871	100.0		

Using same toilet as a person with AIDS poses high risk for HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	253	29.0	37.3	37.3
	No	426	48.9	62.7	100.0
	Total	679	78.0	100.0	
Missing	Not apply	101	11.6		
	Don't know	38	4.4		
	Refused	5	.6		
	System missing	48	5.5		
	Total	192	22.0		
Total		871	100.0		

Section H: Preventative Health Practices

42) Would you say that in general your health is:

General state of health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excellent	116	13.3	13.6	13.6
	Very good	193	22.2	22.7	36.4
	Good	302	34.7	35.5	71.9
	Fair	209	24.0	24.6	96.5
	Poor	30	3.4	3.5	100.0
	Total	850	97.6	100.0	
Missing	Don't know/not sure	9	1.0		
	Refused	5	.6		
	System missing	7	.8		
	Total	21	2.4		
Total		871	100.0		

43) About how long has it been since you last visited a doctor for a routine checkup?

How long since the last visit to doctor for routine checkup

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within 0 to 12 months	468	53.7	61.8	61.8
	Within 13 to 24 months	76	8.7	10.0	71.9
	Within 25 to 36 months	31	3.6	4.1	76.0
	Within 37 to 60 months	13	1.5	1.7	77.7
	Over 60 months ago	37	4.2	4.9	82.6
	Never	132	15.2	17.4	100.0
	Total	757	86.9	100.0	
Missing	Don't know/not sure	77	8.8		
	Refused	27	3.1		
	System missing	10	1.1		
	Total	114	13.1		
Total		871	100.0		

44) What about an eye doctor (Optometrist or Ophthalmologist)?

How long since the last visit to eye doctor for eye checkup

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within 0 to 12 months	204	23.4	24.9	24.9
	Within 13 to 24 months	59	6.8	7.2	32.1
	Within 25 to 36 months	36	4.1	4.4	36.5
	Within 37 to 60 months	19	2.2	2.3	38.8
	Over 60 months ago	46	5.3	5.6	44.4
	Never	454	52.1	55.4	99.9
	Not apply	1	.1	.1	100.0
	Total	819	94.0	100.0	
Missing	Don't know/not sure	22	2.5		
	Refused	12	1.4		
	System missing	18	2.1		
	Total	52	6.0		
Total		871	100.0		

45) What about a dentist?

How long since the last visit to dentist for dental checkup

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within 0 to 12 months	305	35.0	38.0	38.0
	Within 13 to 24 months	111	12.7	13.8	51.9
	Within 25 to 36 months	54	6.2	6.7	58.6
	Within 37 to 60 months	30	3.4	3.7	62.3
	Over 60 months ago	95	10.9	11.8	74.2
	Never	207	23.8	25.8	100.0
	Total	802	92.1	100.0	
Missing	Don't know/not sure	40	4.6		
	Refused	13	1.5		
	System missing	16	1.8		
	Total	69	7.9		
Total		871	100.0		

46) How many of your permanent teeth have been removed because of tooth decay or gum disease?

How many permanent teeth removed due to tooth decay or gum disease

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-5	363	41.7	49.2	49.2
	6 or more but not all	45	5.2	6.1	55.3
	All	17	2.0	2.3	57.6
	None	313	35.9	42.4	100.0
	Total	738	84.7	100.0	
Missing	Not apply	43	4.9		
	Don't know/not sure	20	2.3		
	Refused	16	1.8		
	System missing	54	6.2		
	Total	133	15.3		
Total		871	100.0		

47) Have you ever had your blood cholesterol checked?

Ever had blood cholesterol checked

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	247	28.4	30.3	30.3
	No	569	65.3	69.7	100.0
	Total	816	93.7	100.0	
Missing	Don't know/not sure	22	2.5		
	Refused	13	1.5		
	System missing	20	2.3		
	Total	55	6.3		
Total		871	100.0		

48) About how long has it been since you last had your blood cholesterol checked?

How long since last blood cholesterol checked

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within 0 to 12 months	184	21.1	73.6	73.6
	Within 13 to 24 months	38	4.4	15.2	88.8
	Within 25 to 36 months	14	1.6	5.6	94.4
	Within 37 to 60 months	5	.6	2.0	96.4
	Over 60 months ago	9	1.0	3.6	100.0
	Total	250	28.7	100.0	
Missing	Not apply	4	.5		
	Refused	2	.2		
	System missing	615	70.6		
	Total	621	71.3		
Total		871	100.0		

49) Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

Ever been told by doctor/nurse/health professional that blood cholesterol is high

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	51	5.9	20.5	20.5
	No	198	22.7	79.5	100.0
	Total	249	28.6	100.0	
Missing	Not apply	4	.5		
	Don't know/not sure	1	.1		
	System missing	617	70.8		
	Total	622	71.4		
Total		871	100.0		

50) About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

How long since blood pressure taken by doctor/nurse/health professional

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within 0 to 12 months	576	66.1	71.9	71.9
	Within 13 to 24 months	66	7.6	8.2	80.1
	Within 25 to 36 months	29	3.3	3.6	83.8
	Within 37 to 60 months	9	1.0	1.1	84.9
	Over 60 months ago	15	1.7	1.9	86.8
	Never	106	12.2	13.2	100.0
	Total	801	92.0	100.0	
Missing	Don't know/not sure	34	3.9		
	Refused	6	.7		
	System missing	30	3.4		
	Total	70	8.0		
Total		871	100.0		

51) Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

Ever been told by doctor/nurse/health professional that blood pressure is high

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	82	9.4	10.3	10.3
	No	711	81.6	89.7	100.0
	Total	793	91.0	100.0	
Missing	Not apply	36	4.1		
	Don't know/not sure	8	.9		
	Refused	6	.7		
	System missing	28	3.2		
	Total	78	9.0		
Total		871	100.0		

52) Have you been told on more than one occasion that your blood pressure was high, or have you only been told this once?

Number of times told that blood pressure was high

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Only once	33	3.8	41.3	41.3
	More than once	47	5.4	58.8	100.0
	Total	80	9.2	100.0	
Missing	Not apply	11	1.3		
	Don't know/not sure	2	.2		
	Refused	2	.2		
	System missing	776	89.1		
	Total	791	90.8		
Total		871	100.0		

53) Are you currently controlling your high blood pressure through: (check all that apply)

Currently controlling blood pressure through medication

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	30	3.4	52.6	52.6
	No	11	1.3	19.3	71.9
	Not controlling	16	1.8	28.1	100.0
	Total	57	6.5	100.0	
Missing	Not apply	2	.2		
	Refused	1	.1		
	System missing	811	93.1		
	Total	814	93.5		
Total		871	100.0		

Currently controlling blood pressure through exercise

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	14	1.6	35.0	35.0
	No	18	2.1	45.0	80.0
	Not controlling	8	.9	20.0	100.0
	Total	40	4.6	100.0	
Missing	Not apply	2	.2		
	Refused	1	.1		
	System missing	828	95.1		
	Total	831	95.4		
Total		871	100.0		

Currently controlling blood pressure through diet

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	17	2.0	41.5	41.5
	No	16	1.8	39.0	80.5
	Not controlling	8	.9	19.5	100.0
	Total	41	4.7	100.0	
Missing	Not apply	2	.2		
	Refused	1	.1		
	System missing	827	94.9		
	Total	830	95.3		
Total		871	100.0		

54) Have you ever been told by a doctor that you have diabetes or high blood sugar? (if yes and female, ask “was this only during a pregnancy?”)

Ever been told by doctor that blood sugar is high (diabetic)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	34	3.9	4.3	4.3
	Yes, but female told only during pregnancy	24	2.8	3.0	7.3
	No	733	84.2	92.7	100.0
	Total	791	90.8	100.0	
Missing	Don't know/not sure	14	1.6		
	Refused	18	2.1		
	System missing	48	5.5		
	Total	80	9.2		
Total		871	100.0		

55) Are you currently controlling your diabetes through: (check all that apply)

Currently controlling diabetes through insulin injections

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	.6	26.3	26.3
	No	11	1.3	57.9	84.2
	Not controlling	3	.3	15.8	100.0
	Total	19	2.2	100.0	
Missing	Refused	1	.1		
	System missing	851	97.7		
	Total	852	97.8		
Total		871	100.0		

Currently controlling diabetes through oral medications

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	11	1.3	42.3	42.3
	No	13	1.5	50.0	92.3
	Not controlling	2	.2	7.7	100.0
	Total	26	3.0	100.0	
Missing	Not apply	1	.1		
	System missing	844	96.9		
	Total	845	97.0		
Total		871	100.0		

Currently controlling diabetes through exercise

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	.6	33.3	33.3
	No	9	1.0	60.0	93.3
	Not controlling	1	.1	6.7	100.0
	Total	15	1.7	100.0	
Missing	System missing	856	98.3		
	Total	856	98.3		
Total		871	100.0		

Currently controlling diabetes through diet

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	1.7	62.5	62.5
	No	8	.9	33.3	95.8
	Not controlling	1	.1	4.2	100.0
	Total	24	2.8	100.0	
Missing	Not apply	1	.1		
	System missing	846	97.1		
	Total	847	97.2		
Total		871	100.0		

56) How long has it been since you were seen by a doctor concerning your diabetes?

How long since seen by doctor concerning diabetes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within 0 to 12 months	44	5.1	83.0	83.0
	Within 13 to 24 months	7	.8	13.2	96.2
	Within 25 to 36 months	1	.1	1.9	98.1
	Within 37 to 60 months	1	.1	1.9	100.0
	Total	53	6.1	100.0	
Missing	Not apply	31	3.6		
	Don't know/not sure	4	.5		
	Refused	1	.1		
	System missing	782	89.8		
	Total	818	93.9		
Total		871	100.0		

57) During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint?

Had pains/aching/stiffness/swelling in or around a joint during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	174	20.0	21.3	21.3
	No	641	73.6	78.7	100.0
	Total	815	93.6	100.0	
Missing	Don't know/not sure	2	.2		
	Refused	18	2.1		
	System missing	36	4.1		
	Total	56	6.4		
Total		871	100.0		

58) Were these symptoms present for 15 or more consecutive days?

Were symptoms of pain present for 15 or more consecutive days

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	70	8.0	33.0	33.0
	No	142	16.3	67.0	100.0
	Total	212	24.3	100.0	
Missing	Not apply	21	2.4		
	Don't know/not sure	2	.2		
	Refused	2	.2		
	System missing	634	72.8		
	Total	659	75.7		
Total		871	100.0		

59) Did a doctor ever tell you that you had asthma?

Ever been told by doctor that you have asthma

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	31	3.6	3.7	3.7
	No	801	92.0	96.3	100.0
	Total	832	95.5	100.0	
Missing	Don't know/not sure	10	1.1		
	Refused	2	.2		
	System missing	27	3.1		
	Total	39	4.5		
Total		871	100.0		

60) Do you still have asthma?

Still has asthma

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	13	1.5	56.5	56.5
	No	10	1.1	43.5	100.0
	Total	23	2.6	100.0	
Missing	Don't know/not sure	1	.1		
	System missing	847	97.2		
	Total	848	97.4		
Total		871	100.0		

61) If you were sick or ill during the past 12 months, did you use any of these people, places or resources for help?

Used folk healer/curandero/medicine man when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	17	2.0	2.7	2.7
	No	612	70.3	97.3	100.0
	Total	629	72.2	100.0	
Missing	Not apply	56	6.4		
	Refused	6	.7		
	System missing	180	20.7		
	Total	242	27.8		
Total		871	100.0		

Used psychic/spiritualist when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	17	2.0	2.7	2.7
	No	604	69.3	97.3	100.0
	Total	621	71.3	100.0	
Missing	Not apply	55	6.3		
	Refused	9	1.0		
	System missing	186	21.4		
	Total	250	28.7		
Total		871	100.0		

Used medical doctor when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	537	61.7	82.9	82.9
	No	111	12.7	17.1	100.0
	Total	648	74.4	100.0	
Missing	Not apply	55	6.3		
	Refused	7	.8		
	System missing	161	18.5		
	Total	223	25.6		
Total		871	100.0		

Used chiropractor when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	124	14.2	19.9	19.9
	No	499	57.3	80.1	100.0
	Total	623	71.5	100.0	
Missing	Not apply	55	6.3		
	Refused	8	.9		
	System missing	185	21.2		
	Total	248	28.5		
Total		871	100.0		

Used pharmacist (non-prescription) when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	267	30.7	42.6	42.6
	No	360	41.3	57.4	100.0
	Total	627	72.0	100.0	
Missing	Not apply	55	6.3		
	Refused	7	.8		
	System missing	182	20.9		
	Total	244	28.0		
Total		871	100.0		

Used hospital emergency room when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	231	26.5	36.8	36.8
	No	397	45.6	63.2	100.0
	Total	628	72.1	100.0	
Missing	Not apply	55	6.3		
	Refused	5	.6		
	System missing	183	21.0		
	Total	243	27.9		
Total		871	100.0		

Used counselor when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	29	3.3	4.7	4.7
	No	593	68.1	95.3	100.0
	Total	622	71.4	100.0	
Missing	Not apply	55	6.3		
	Refused	7	.8		
	System missing	187	21.5		
	Total	249	28.6		
Total		871	100.0		

Used family/friend/neighbor when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	155	17.8	24.9	24.9
	No	468	53.7	75.1	100.0
	Total	623	71.5	100.0	
Missing	Not apply	55	6.3		
	Refused	8	.9		
	System missing	185	21.2		
	Total	248	28.5		
Total		871	100.0		

Used nurse/nurse-practitioner when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	262	30.1	42.1	42.1
	No	360	41.3	57.9	100.0
	Total	622	71.4	100.0	
Missing	Not apply	55	6.3		
	Refused	8	.9		
	System missing	186	21.4		
	Total	249	28.6		
Total		871	100.0		

Used church or temple when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	121	13.9	19.3	19.3
	No	505	58.0	80.7	100.0
	Total	626	71.9	100.0	
Missing	Not apply	55	6.3		
	Refused	7	.8		
	System missing	183	21.0		
	Total	245	28.1		
Total		871	100.0		

Used community center when sick during past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	48	5.5	7.8	7.8
	No	566	65.0	92.2	100.0
	Total	614	70.5	100.0	
Missing	Not apply	55	6.3		
	Refused	7	.8		
	System missing	195	22.4		
	Total	257	29.5		
Total		871	100.0		

Other answers:

- Catholic

62) Of the people, places and resources you said you used, which do you typically use first when you are not feeling well?

Most preferred person/place/resource

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Folk healer/curandero/medicine man	3	.3	.5	.5
	Psychic/spiritualist	6	.7	1.0	1.6
	Medical doctor	437	50.2	76.0	77.6
	Chiropractor	2	.2	.3	77.9
	Pharmacist (non-prescription)	34	3.9	5.9	83.8
	Hospital emergency room	6	.7	1.0	84.9
	Counselor	5	.6	.9	85.7
	Family/friend/neighbor	58	6.7	10.1	95.8
	Nurse/nurse practitioner	6	.7	1.0	96.9
	Church or temple	6	.7	1.0	97.9
	Community center	3	.3	.5	98.4
	Other	9	1.0	1.6	100.0
	Total	575	66.0	100.0	
Missing	Not apply	44	5.1		
	System missing	252	28.9		
	Total	296	34.0		
Total		871	100.0		

Other answers:

- Clinic at Lutheran church
- God

Section I: Health Care Coverage

63) Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, Indian Health Service, government plans such as Medicaid/Medicare, CHAMPUS, (military insurance plan), or VA insurance?

Have some kind of health coverage

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	452	51.9	54.8	54.8
	No	373	42.8	45.2	100.0
	Total	825	94.7	100.0	
Missing	Don't know/not sure	7	.8		
	Refused	3	.3		
	System missing	36	4.1		
	Total	46	5.3		
Total		871	100.0		

64) What type of health care coverage do you use to pay for most of your medical care?

Type of health coverage used to pay most medical bills

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Your employer	346	39.7	74.1	74.1
	Someone else's employer	57	6.5	12.2	86.3
	A plan that you or someone else buys for you	4	.5	.9	87.2
	Medicare	14	1.6	3.0	90.1
	Medicaid or Medical Assitance	34	3.9	7.3	97.4
	Military, CHAMPUS, TriCare, or the VA (or CHAMP-VA)	1	.1	.2	97.6
	Indian Health Service	1	.1	.2	97.9
	Some other source	10	1.1	2.1	100.0
	Total	467	53.6	100.0	
Missing	Not apply	1	.1		
	Don't know/not sure	6	.7		
	Refused	3	.3		
	System missing	394	45.2		
	Total	404	46.4		
Total		871	100.0		

65) For hospital bills, does your health care plan cover all, most, some, or none of your expenses?

How much of hospital bills covered by health care plan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	100% (all)	71	8.2	16.7	16.7
	50% to 99% (more than half)	323	37.1	76.0	92.7
	1% to 49% (less than half)	25	2.9	5.9	98.6
	0% (none)	6	.7	1.4	100.0
	Total	425	48.8	100.0	
Missing	Not apply	11	1.3		
	Don't know/not sure	36	4.1		
	Refused	2	.2		
	System missing	397	45.6		
	Total	446	51.2		
Total		871	100.0		

66) For visits to a doctor's office when you are sick, does your health care plan cover all, most, some, or none of your expenses?

How much of doctor's office bills covered by health care plan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	100% (all)	66	7.6	15.7	15.7
	50% to 99% (more than half)	318	36.5	75.5	91.2
	1% to 49% (less than half)	31	3.6	7.4	98.6
	0% (none)	6	.7	1.4	100.0
	Total	421	48.3	100.0	
Missing	Not apply	19	2.2		
	Don't know/not sure	27	3.1		
	System missing	404	46.4		
	Total	450	51.7		
Total		871	100.0		

67) There are many reasons why someone might not have a health care plan, what is the primary reason you are without health care coverage?

Primary reason for having no health care coverage

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Lost job/changed employers	103	11.8	31.8	31.8
	Spouse or parent lost job/changed employers	17	2.0	5.2	37.0
	Became divorced/separated	6	.7	1.9	38.9
	Became ineligible because of age/because of leaving school	2	.2	.6	39.5
	Employer doesn't offer/stopped offering coverage	30	3.4	9.3	48.8
	Cut back to part time/became temporary employee	12	1.4	3.7	52.5
	Benefits from employer/former employer ran out	1	.1	.3	52.8
	Couldn't afford premiums	60	6.9	18.5	71.3
	Insurance company refused coverage	1	.1	.3	71.6
	Lost Medicaid/Medical Assistance eligibility	2	.2	.6	72.2
	Other	90	10.3	27.8	100.0
	Total	324	37.2	100.0	
Missing	Don't know/not sure	22	2.5		
	Refused	9	1.0		
	System missing	516	59.2		
	Total	547	62.8		
Total		871	100.0		

Other answers:

- Did not buy a plan, too expensive (10)
- Student
- Started new job, will obtain insurance in three months (3)
- Doesn't have legal documents (10)
- Offered after one year
- Not legal in the states (5)
- Insured in five months through work
- I'll receive insurance in six months (7)
- Not working (13)
- Will obtain insurance in 60 day
- Has not renewed
- Not included in policy
- Had insurance for four years but dropped it when it did not cover the problem
- Doesn't want/need (6)
- Needs social security number (5)
- Work plan offers a plan that isn't acceptable to person interviewed
- Being indoctrinated--doesn't want to risk it

- No one has spoken to me about it; doesn't work
- Not offered yet
- Work does not offer
- Insurance doesn't cover lots of stuff
- I'm not sick
- Doesn’t work because of diabetes
- Just started work
- New refugee (2)
- I am an immigrant here, so I have no medical assistance
- I've never had insurance
- Less than 3 months
- Moved

68) Was there a time during the past 12 months when you needed to see a doctor, but could not because of the cost?

Needed to see doctor during past 12 months but could not because of cost

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	215	24.7	26.2	26.2
	No	606	69.6	73.8	100.0
	Total	821	94.3	100.0	
Missing	Don't know/not sure	4	.5		
	Refused	10	1.1		
	System missing	36	4.1		
	Total	50	5.7		
Total		871	100.0		

69) Is there a particular medical doctor that you usually see?

Usually sees a particular doctor

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	311	35.7	40.7	40.7
	No	454	52.1	59.3	100.0
	Total	765	87.8	100.0	
Missing	Haven't been to a doctor	71	8.2		
	Don't know/not sure	5	.6		
	Refused	6	.7		
	System missing	24	2.8		
	Total	106	12.2		
Total		871	100.0		

70) When you see a medical doctor, do you go “here in town?”

See medical doctor "here in town"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	478	54.9	72.9	72.9
	No	178	20.4	27.1	100.0
	Total	656	75.3	100.0	
Missing	Not apply	86	9.9		
	Don't know/not sure	6	.7		
	Refused	12	1.4		
	System missing	111	12.7		
	Total	215	24.7		
Total		871	100.0		

Other places:

- Iowa (2)
- Muscatine (11)
- Lone Tree (6)
- Muscatine or Lone Tree
- Iowa City
- Miami, Florida
- Ottumwa (17)
- Des Moines (11)
- Jefferson (9)
- Mexico (7)
- Nebraska (6)
- Perry
- West Point, Nebraska
- Sioux City (7)
- Saustoux
- Iowa
- Sioux Sax
- Sioux City, Nebraska (2)
- Nemell
- Fort Dodge
- Omaha (24)
- Creston (2)
- Creston or Lenox
- Council Bluffs

71) Where do you usually go when you see a medical doctor?

Where one usually goes to see medical doctor

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Doctor's office	386	44.3	61.5	61.5
	Hospital emergency room	22	2.5	3.5	65.0
	Health department or other community clinic	187	21.5	29.8	94.7
	Health maintenance organization (HMO)	3	.3	.5	95.2
	Company clinic	15	1.7	2.4	97.6
	Indian health service	1	.1	.2	97.8
	Other	14	1.6	2.2	100.0
	Total	628	72.1	100.0	
Missing	Haven't been to a doctor	87	10.0		
	Don't know/not sure	9	1.0		
	Refused	22	2.5		
	System missing	125	14.4		
	Total	243	27.9		
Total		871	100.0		

Section J: Barriers to Health Care

72) Do you believe racial or ethnic origin is a barrier to receiving health care services in your community? Would you strongly agree with this, agree, disagree, or strongly disagree?

Racial/ethnic origin is a barrier to receiving health care in your community

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	95	10.9	13.5	13.5
	Agree	252	28.9	35.8	49.3
	Disagree	310	35.6	44.0	93.3
	Strongly disagree	47	5.4	6.7	100.0
	Total	704	80.8	100.0	
Missing	Don't know/not sure	105	12.1		
	Refused	21	2.4		
	System missing	41	4.7		
	Total	167	19.2		
Total		871	100.0		

73) Have you experienced any of the following problems in getting quality health care in this community during the past year?

Experience in getting quality health care in this community during past 12 months: costs too much, can't afford

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	313	35.9	46.0	46.0
	No	368	42.3	54.0	100.0
	Total	681	78.2	100.0	
Missing	Not apply	103	11.8		
	Refused	31	3.6		
	System missing	56	6.4		
	Total	190	21.8		
Total		871	100.0		

Experience in getting quality health care in this community during past 12 months: don't trust or like the doctors

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	281	32.3	41.3	41.3
	No	400	45.9	58.7	100.0
	Total	681	78.2	100.0	
Missing	Not apply	102	11.7		
	Refused	29	3.3		
	System missing	59	6.8		
	Total	190	21.8		
Total		871	100.0		

Experience in getting quality health care in this community during past 12 months: provider does not speak your language

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	323	37.1	46.4	46.4
	No	373	42.8	53.6	100.0
	Total	696	79.9	100.0	
Missing	Not apply	99	11.4		
	Refused	17	2.0		
	System missing	59	6.8		
	Total	175	20.1		
Total		871	100.0		

Experience in getting quality health care in this community during past 12 months: treated differently because of race/ethnicity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	128	14.7	18.7	18.7
	No	558	64.1	81.3	100.0
	Total	686	78.8	100.0	
Missing	Not apply	100	11.5		
	Refused	22	2.5		
	System missing	63	7.2		
	Total	185	21.2		
Total		871	100.0		

Experience in getting quality health care in this community during past 12 months: don't know where to go for help with medical problem

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	321	36.9	45.7	45.7
	No	382	43.9	54.3	100.0
	Total	703	80.7	100.0	
Missing	Not apply	97	11.1		
	Refused	15	1.7		
	System missing	56	6.4		
	Total	168	19.3		
Total		871	100.0		

Experience in getting quality health care in this community during past 12 months: don't have transportation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	375	43.1	52.8	52.8
	No	335	38.5	47.2	100.0
	Total	710	81.5	100.0	
Missing	Not apply	91	10.4		
	Refused	13	1.5		
	System missing	57	6.5		
	Total	161	18.5		
Total		871	100.0		

Experience in getting quality health care in this community during past 12 months: clinic or doctor's office hours not convenient

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	272	31.2	40.2	40.2
	No	404	46.4	59.8	100.0
	Total	676	77.6	100.0	
Missing	Not apply	112	12.9		
	Refused	24	2.8		
	System missing	59	6.8		
	Total	195	22.4		
Total		871	100.0		

Experience in getting quality health care in this community during past 12 months: have to wait too long to be seeen at doctor's office

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	275	31.6	40.1	40.1
	No	411	47.2	59.9	100.0
	Total	686	78.8	100.0	
Missing	Not apply	108	12.4		
	Refused	20	2.3		
	System missing	57	6.5		
	Total	185	21.2		
Total		871	100.0		

Experience in getting quality health care in this community during past 12 months: provider does not understand/accept your cultural practices/beliefs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	200	23.0	31.2	31.2
	No	441	50.6	68.8	100.0
	Total	641	73.6	100.0	
Missing	Not apply	136	15.6		
	Refused	34	3.9		
	System missing	60	6.9		
	Total	230	26.4		
Total		871	100.0		

Experience in getting quality health care in this community during past 12 months: takes too long to get an appointment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	172	19.7	25.4	25.4
	No	505	58.0	74.6	100.0
	Total	677	77.7	100.0	
Missing	Not apply	118	13.5		
	Refused	16	1.8		
	System missing	60	6.9		
	Total	194	22.3		
Total		871	100.0		

Other answers:

- Language
- No solution from the doctor yet
- Sometimes has difficulty about communication with health department and school
- Smile
- I am so sick, can't go to work, financial problems
- Transportation
- I wish I can enroll on the $7 program at Siouxland
- Wait for so long
- My health is good, no doctor visits

Section K: Community Concerns

74) What do you see as critical problems in this community, I want you to rate them on a scale from 1 to 5 where one is not important and five is critical?

Ratings of community concerns (1=not important to 5=critical): housing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	249	28.6	33.0	33.0
	2	41	4.7	5.4	38.5
	3	97	11.1	12.9	51.3
	4	82	9.4	10.9	62.2
	5	285	32.7	37.8	100.0
	Total	754	86.6	100.0	
Missing	Don't know	53	6.1		
	Refused	13	1.5		
	System missing	51	5.9		
	Total	117	13.4		
Total		871	100.0		

Ratings of community concerns (1=not important to 5=critical): health (including environmental health)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	256	29.4	34.5	34.5
	2	112	12.9	15.1	49.6
	3	158	18.1	21.3	70.9
	4	68	7.8	9.2	80.1
	5	148	17.0	19.9	100.0
	Total	742	85.2	100.0	
Missing	Don't know	58	6.7		
	Refused	16	1.8		
	System missing	55	6.3		
	Total	129	14.8		
Total		871	100.0		

Ratings of community concerns (1=not important to 5=critical): social/recreational activities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	256	29.4	34.6	34.6
	2	83	9.5	11.2	45.8
	3	164	18.8	22.2	68.0
	4	97	11.1	13.1	81.1
	5	140	16.1	18.9	100.0
	Total	740	85.0	100.0	
Missing	Don't know	60	6.9		
	Refused	16	1.8		
	System missing	55	6.3		
	Total	131	15.0		
Total		871	100.0		

Ratings of community concerns (1=not important to 5=critical): education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	243	27.9	33.7	33.7
	2	64	7.3	8.9	42.5
	3	118	13.5	16.3	58.9
	4	58	6.7	8.0	66.9
	5	239	27.4	33.1	100.0
	Total	722	82.9	100.0	
Missing	Don't know	78	9.0		
	Refused	14	1.6		
	System missing	57	6.5		
	Total	149	17.1		
Total		871	100.0		

Ratings of community concerns (1=not important to 5=critical): discrimination

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	208	23.9	27.6	27.6
	2	59	6.8	7.8	35.5
	3	136	15.6	18.1	53.5
	4	127	14.6	16.9	70.4
	5	223	25.6	29.6	100.0
	Total	753	86.5	100.0	
Missing	Don't know	57	6.5		
	Refused	13	1.5		
	System missing	48	5.5		
	Total	118	13.5		
Total		871	100.0		

Ratings of community concerns (1=not important to 5=critical): employment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	229	26.3	30.5	30.5
	2	51	5.9	6.8	37.3
	3	93	10.7	12.4	49.7
	4	104	11.9	13.8	63.5
	5	274	31.5	36.5	100.0
	Total	751	86.2	100.0	
Missing	Don't know	47	5.4		
	Refused	17	2.0		
	System missing	56	6.4		
	Total	120	13.8		
Total		871	100.0		

Ratings of community concerns (1=not important to 5=critical): crime/violence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	259	29.7	35.5	35.5
	2	99	11.4	13.6	49.0
	3	139	16.0	19.0	68.1
	4	87	10.0	11.9	80.0
	5	146	16.8	20.0	100.0
	Total	730	83.8	100.0	
Missing	Don't know	67	7.7		
	Refused	15	1.7		
	System missing	59	6.8		
	Total	141	16.2		
Total		871	100.0		

Ratings of community concerns (1=not important to 5=critical): minority representation in government

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	144	16.5	27.3	27.3
	2	57	6.5	10.8	38.1
	3	81	9.3	15.4	53.5
	4	82	9.4	15.6	69.1
	5	163	18.7	30.9	100.0
	Total	527	60.5	100.0	
Missing	Don't know	260	29.9		
	Refused	26	3.0		
	System missing	58	6.7		
	Total	344	39.5		
Total		871	100.0		

Ratings of community concerns (1=not important to 5=critical): transportation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	228	26.2	31.1	31.1
	2	41	4.7	5.6	36.7
	3	80	9.2	10.9	47.7
	4	71	8.2	9.7	57.4
	5	312	35.8	42.6	100.0
	Total	732	84.0	100.0	
Missing	Don't know	62	7.1		
	Refused	19	2.2		
	System missing	58	6.7		
	Total	139	16.0		
Total		871	100.0		

Ratings of community concerns (1=not important to 5=critical): at risk youth

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	162	18.6	23.4	23.4
	2	54	6.2	7.8	31.2
	3	130	14.9	18.8	50.0
	4	106	12.2	15.3	65.3
	5	240	27.6	34.7	100.0
	Total	692	79.4	100.0	
Missing	Don't know	79	9.1		
	Refused	22	2.5		
	System missing	78	9.0		
	Total	179	20.6		
Total		871	100.0		

Other answers:

- Drugs
- Violence in kids/children
- Alcohol
- Medical assistance

75) Now I am going to ask you to identify the top three critical problems in your community.

First community concern

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Concerns with transportation	81	9.3	13.8	13.8
	Concerns with health and health care	22	2.5	3.7	17.5
	Problems with language	53	6.1	9.0	26.6
	Education issues	48	5.5	8.2	34.8
	Crime/violence/drugs/at risk youth	74	8.5	12.6	47.4
	Discrimination/racism	75	8.6	12.8	60.1
	Recreation facilities and time	27	3.1	4.6	64.7
	Employment	65	7.5	11.1	75.8
	Housing	78	9.0	13.3	89.1
	Problems with police	17	2.0	2.9	92.0
	Child care needs	3	.3	.5	92.5
	Financial concerns	16	1.8	2.7	95.2
	Concerns with environment/sanitation	25	2.9	4.3	99.5
	Minority representation in governance	3	.3	.5	100.0
	Total	587	67.4	100.0	
Missing	System missing	284	32.6		
	Total	284	32.6		
Total		871	100.0		

Second community concern

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Concerns with transportation	58	6.7	12.5	12.5
	Concerns with health and health care	41	4.7	8.8	21.3
	Problems with language	28	3.2	6.0	27.3
	Education issues	40	4.6	8.6	35.9
	Crime/violence/drugs/at risk youth	49	5.6	10.5	46.5
	Discrimination/racism	56	6.4	12.0	58.5
	Recreation facilities and time	25	2.9	5.4	63.9
	Employment	87	10.0	18.7	82.6
	Housing	26	3.0	5.6	88.2
	Problems with police	16	1.8	3.4	91.6
	Child care needs	2	.2	.4	92.0
	Financial concerns	6	.7	1.3	93.3
	Concerns with environment/sanitation	19	2.2	4.1	97.4
	Minority representation in governance	5	.6	1.1	98.5
	Culture conflict	7	.8	1.5	100.0
	Total	465	53.4	100.0	
Missing	System missing	406	46.6		
	Total	406	46.6		
Total		871	100.0		

Third community concern

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Concerns with transportation	70	8.0	23.5	23.5
	Concerns with health and health care	18	2.1	6.0	29.5
	Problems with language	20	2.3	6.7	36.2
	Education issues	28	3.2	9.4	45.6
	Crime/violence/drugs/at risk youth	43	4.9	14.4	60.1
	Discrimination/racism	16	1.8	5.4	65.4
	Recreation facilities and time	9	1.0	3.0	68.5
	Employment	38	4.4	12.8	81.2
	Housing	21	2.4	7.0	88.3
	Problems with police	9	1.0	3.0	91.3
	Child care needs	1	.1	.3	91.6
	Financial concerns	4	.5	1.3	93.0
	Concerns with environment/sanitation	12	1.4	4.0	97.0
	Minority representation in governance	5	.6	1.7	98.7
	Culture conflict	4	.5	1.3	100.0
	Total	298	34.2	100.0	
Missing	System missing	573	65.8		
	Total	573	65.8		
Total		871	100.0		

76) How about the top three critical problems affecting you?

First critical concern affecting self

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Concerns with transportation	41	4.7	11.9	11.9
	Concerns with health and health care	28	3.2	8.1	20.1
	Problems with language	41	4.7	11.9	32.0
	Education issues	33	3.8	9.6	41.6
	Crime/violence/drugs/at risk youth	16	1.8	4.7	46.2
	Discrimination/racism	28	3.2	8.1	54.4
	Recreation facilities and time	6	.7	1.7	56.1
	Employment	61	7.0	17.7	73.8
	Housing	57	6.5	16.6	90.4
	Problems with police	4	.5	1.2	91.6
	Child care needs	2	.2	.6	92.2
	Financial concerns	16	1.8	4.7	96.8
	Concerns with environment/sanitation	7	.8	2.0	98.8
	Minority representation in governance	2	.2	.6	99.4
	Culture conflict	2	.2	.6	100.0
	Total	344	39.5	100.0	
Missing	System missing	527	60.5		
	Total	527	60.5		
Total		871	100.0		

Second critical concern affecting self

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Concerns with transportation	43	4.9	15.7	15.7
	Concerns with health and health care	15	1.7	5.5	21.2
	Problems with language	23	2.6	8.4	29.6
	Education issues	27	3.1	9.9	39.4
	Crime/violence/drugs/at risk youth	15	1.7	5.5	44.9
	Discrimination/racism	22	2.5	8.0	52.9
	Recreation facilities and time	6	.7	2.2	55.1
	Employment	62	7.1	22.6	77.7
	Housing	30	3.4	10.9	88.7
	Problems with police	4	.5	1.5	90.1
	Child care needs	3	.3	1.1	91.2
	Financial concerns	18	2.1	6.6	97.8
	Concerns with environment/sanitation	5	.6	1.8	99.6
	Culture conflict	1	.1	.4	100.0
	Total	274	31.5	100.0	
Missing	System missing	597	68.5		
	Total	597	68.5		
Total		871	100.0		

Third critical concern affecting self

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Concerns with transportation	46	5.3	22.0	22.0
	Concerns with health and health care	8	.9	3.8	25.8
	Problems with language	10	1.1	4.8	30.6
	Education issues	16	1.8	7.7	38.3
	Crime/violence/drugs/at risk youth	16	1.8	7.7	45.9
	Discrimination/racism	11	1.3	5.3	51.2
	Recreation facilities and time	5	.6	2.4	53.6
	Employment	26	3.0	12.4	66.0
	Housing	21	2.4	10.0	76.1
	Problems with police	5	.6	2.4	78.5
	Child care needs	1	.1	.5	78.9
	Financial concerns	6	.7	2.9	81.8
	Concerns with environment/sanitation	36	4.1	17.2	99.0
	Minority representation in governance	1	.1	.5	99.5
	Culture conflict	1	.1	.5	100.0
	Total	209	24.0	100.0	
Missing	System missing	662	76.0		
	Total	662	76.0		
Total		871	100.0		

Section L: Demographics

77) Sex of the respondent?

Sex of respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	369	42.4	46.0	46.0
	Female	433	49.7	54.0	100.0
	Total	802	92.1	100.0	
Missing	System missing	69	7.9		
	Total	69	7.9		
Total		871	100.0		

78) What is your current age?

Age groupings

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18 through 24	194	22.3	23.8	23.8
	25 through 34	312	35.8	38.3	62.1
	35 through 44	213	24.5	26.1	88.2
	45 through 54	57	6.5	7.0	95.2
	55 through 64	30	3.4	3.7	98.9
	65 and higher	9	1.0	1.1	100.0
	Total	815	93.6	100.0	
Missing	System missing	56	6.4		
	Total	56	6.4		
Total		871	100.0		

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Age of respondent	815	18.00	74.00	32.7865	10.4414
Valid N (listwise)	815				

79) What is the total number of years you have lived in the United States?

US stay by categories

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 year though 5 years	402	46.2	49.4	49.4
	Six years through 15 years	273	31.3	33.5	82.9
	16 or more years	139	16.0	17.1	100.0
	Total	814	93.5	100.0	
Missing	System missing	57	6.5		
	Total	57	6.5		
Total		871	100.0		

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Total number of years stayed in the US	814	.00	79.00	8.6548	8.8891
Valid N (listwise)	814				

80) Do you consider yourself of Hispanic/Latino origin such as Mexican American, Central American, South American, Puerto Rican, or Cuban?

Consider self to be Hispanic/Latino origin, Central American, South American, Puerto Rican or Cuban

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	716	82.2	90.5	90.5
	No	75	8.6	9.5	100.0
	Total	791	90.8	100.0	
Missing	Refused	5	.6		
	System missing	75	8.6		
	Total	80	9.2		
Total		871	100.0		

81) Do you consider yourself of:

Consider self to be of this group

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Mexican descent	615	70.6	83.8	83.8
	Cuban descent	5	.6	.7	84.5
	Puerto Rican descent	9	1.0	1.2	85.7
	Salvadorian	38	4.4	5.2	90.9
	Guatemalan	33	3.8	4.5	95.4
	Other	34	3.9	4.6	100.0
	Total	734	84.3	100.0	
Missing	Not apply	6	.7		
	Refused	3	.3		
	System missing	128	14.7		
	Total	137	15.7		
Total		871	100.0		

82) What race do you consider yourself?

Consider self to be of this race

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White	384	44.1	56.7	56.7
	Black	2	.2	.3	57.0
	Asian, Pacific Islander	102	11.7	15.1	72.1
	Native American	17	2.0	2.5	74.6
	Other	123	14.1	18.2	92.8
	Multiracial	49	5.6	7.2	100.0
	Total	677	77.7	100.0	
Missing	Don't know/not sure	58	6.7		
	Refused	35	4.0		
	System missing	101	11.6		
	Total	194	22.3		
Total		871	100.0		

83) Do you consider yourself of:

Consider self to be of this group

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Vietnamese descent	74	8.5	55.2	55.2
	Chinese descent	1	.1	.7	56.0
	Korean descent	2	.2	1.5	57.5
	Laotian	21	2.4	15.7	73.1
	Cambodian	2	.2	1.5	74.6
	Other	34	3.9	25.4	100.0
	Total	134	15.4	100.0	
Missing	Refused	3	.3		
	Not apply	24	2.8		
	System missing	710	81.5		
	Total	737	84.6		
Total		871	100.0		

Other answers:

- Mexican
- Spanish

84) Do you consider yourself of:

Consider self to be of this group

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Omaha nation	2	.2	5.9	5.9
	Other	32	3.7	94.1	100.0
	Total	34	3.9	100.0	
Missing	Not apply	7	.8		
	Refused	29	3.3		
	System missing	801	92.0		
	Total	837	96.1		
Total		871	100.0		

85) What is the highest grade or year of school you have completed?

Highest grade or year of school completed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	8th grade or less	364	41.8	47.8	47.8
	Some high school	239	27.4	31.4	79.2
	High school graduate or GED certificate	98	11.3	12.9	92.1
	Some technical school or college	31	3.6	4.1	96.2
	Technical school graduate	9	1.0	1.2	97.4
	College graduate	13	1.5	1.7	99.1
	Postgraduate or professional degree	7	.8	.9	100.0
	Total	761	87.4	100.0	
Missing	Don't know/not sure	2	.2		
	Refused	21	2.4		
	System missing	87	10.0		
	Total	110	12.6		
Total		871	100.0		

Actual grade attained if 8th grade or less

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	26	3.0	8.0	8.0
	2	24	2.8	7.4	15.5
	3	21	2.4	6.5	22.0
	4	26	3.0	8.0	30.0
	5	43	4.9	13.3	43.3
	6	138	15.8	42.7	86.1
	7	45	5.2	13.9	100.0
	Total	323	37.1	100.0	
Missing	Don't know/not sure	26	3.0		
	System missing	522	59.9		
	Total	548	62.9		
Total		871	100.0		

86) Are you currently employed for wages, salary or self-employed?

Currently employed for wages, salary, or self-employed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	476	54.6	60.8	60.8
	No	307	35.2	39.2	100.0
	Total	783	89.9	100.0	
Missing	Refused	8	.9		
	System missing	80	9.2		
	Total	88	10.1		
Total		871	100.0		

87) Are you currently a:

Currently considers self to be this

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Homemaker	176	20.2	60.9	60.9
	Student	25	2.9	8.7	69.6
	Retired	9	1.0	3.1	72.7
	Unable to work	79	9.1	27.3	100.0
	Total	289	33.2	100.0	
Missing	Not apply	75	8.6		
	Refused	13	1.5		
	System missing	494	56.7		
	Total	582	66.8		
Total		871	100.0		

88) Are you actively seeking employment?

Currently seeking employment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	121	13.9	37.8	37.8
	No	199	22.8	62.2	100.0
	Total	320	36.7	100.0	
Missing	Not apply	13	1.5		
	Refused	2	.2		
	System missing	536	61.5		
	Total	551	63.3		
Total		871	100.0		

89) How long have you been out of work?

Has been out of work for this long

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	23	2.6	12.2	12.2
	1-3 months	46	5.3	24.5	36.7
	4-6 months	30	3.4	16.0	52.7
	7 months to 1 year	31	3.6	16.5	69.1
	More than 1 year	58	6.7	30.9	100.0
	Total	188	21.6	100.0	
Missing	Not apply	77	8.8		
	Don't know/not sure	5	.6		
	Refused	4	.5		
	System missing	597	68.5		
	Total	683	78.4		
Total		871	100.0		

90) Which of the following categories best describes your marital status?

Best description of marital status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	457	52.5	56.0	56.0
	Divorced	32	3.7	3.9	59.9
	Widowed	13	1.5	1.6	61.5
	Separated	55	6.3	6.7	68.3
	Never been married	189	21.7	23.2	91.4
	Member of an unmarried couple	70	8.0	8.6	100.0
	Total	816	93.7	100.0	
Missing	Refused	10	1.1		
	System missing	45	5.2		
	Total	55	6.3		
Total		871	100.0		

91) Which of the following categories best describes your average annual household income from all sources before taxes?

Annual Household Income

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than $10,000	208	23.9	28.8	28.8
	$10,000 to $24,999	353	40.5	48.9	77.7
	$25,000 to $39,999	143	16.4	19.8	97.5
	$40,000 to $59,999	17	2.0	2.4	99.9
	$60,000 and over	1	.1	.1	100.0
	Total	722	82.9	100.0	
Missing	System missing	149	17.1		
	Total	149	17.1		
Total		871	100.0		

92) About how much do you normally weigh without shoes?

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Weight (in pounds) without shoes	761	73.00	350.00	158.0993	33.4770
Valid N (listwise)	761				

93) About how tall are you without shoes?

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Height (in inches) without shoes	694	41.00	77.00	64.4762	4.1894
Valid N (listwise)	694				

94) What language do you prefer to communicate in when discussing issues of:

Preferred language in discussing school issues

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Own language	573	65.8	81.0	81.0
	English	93	10.7	13.2	94.2
	Bilingual	41	4.7	5.8	100.0
	Total	707	81.2	100.0	
Missing	System missing	164	18.8		
	Total	164	18.8		
Total		871	100.0		

Preferred language when discussing work issues

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Own language	545	62.6	80.0	80.0
	English	95	10.9	14.0	94.0
	Bilingual	41	4.7	6.0	100.0
	Total	681	78.2	100.0	
Missing	System missing	190	21.8		
	Total	190	21.8		
Total		871	100.0		

95) Respondents' location?

Respondents' Geographic Location

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Louisa County	38	4.4	4.4	4.4
	Ottumwa	49	5.6	5.6	10.0
	Perry	123	14.1	14.1	24.1
	Sioux City	341	39.2	39.2	63.3
	Council Bluffs	141	16.2	16.2	79.5
	Hampton	30	3.4	3.4	83.0
	Denison	62	7.1	7.1	90.1
	Storm Lake	58	6.7	6.7	96.8
	Lenox	28	3.2	3.2	100.0
	Total	870	99.9	100.0	
Missing	System Missing	1	.1		
	Total	1	.1		
Total		871	100.0		

Section M: Employee Rights

96) Have you ever experienced the following in your workplace in Iowa?

Experienced this in workplace in Iowa: not enough bathroom or water breaks

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	202	23.2	33.7	33.7
	No	398	45.7	66.3	100.0
	Total	600	68.9	100.0	
Missing	Not apply	107	12.3		
	Don't know	7	.8		
	Refused	11	1.3		
	System missing	146	16.8		
	Total	271	31.1		
Total		871	100.0		

Experienced this in workplace in Iowa: no easy access to drinking water

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	131	15.0	21.7	21.7
	No	472	54.2	78.3	100.0
	Total	603	69.2	100.0	
Missing	Not apply	106	12.2		
	Don't know	5	.6		
	Refused	11	1.3		
	System missing	146	16.8		
	Total	268	30.8		
Total		871	100.0		

Experienced this in workplace in Iowa: poor air quality

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	102	11.7	16.9	16.9
	No	500	57.4	83.1	100.0
	Total	602	69.1	100.0	
Missing	Not apply	106	12.2		
	Don't know	4	.5		
	Refused	11	1.3		
	System missing	148	17.0		
	Total	269	30.9		
Total		871	100.0		

Experienced this in workplace in Iowa: inadequate equipment available

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	85	9.8	14.3	14.3
	No	510	58.6	85.7	100.0
	Total	595	68.3	100.0	
Missing	Not apply	106	12.2		
	Don't know	6	.7		
	Refused	12	1.4		
	System missing	152	17.5		
	Total	276	31.7		
Total		871	100.0		

Experienced this in workplace in Iowa: inadequate medical attention if injured

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	116	13.3	19.3	19.3
	No	486	55.8	80.7	100.0
	Total	602	69.1	100.0	
Missing	Not apply	106	12.2		
	Don't know	7	.8		
	Refused	13	1.5		
	System missing	143	16.4		
	Total	269	30.9		
Total		871	100.0		

Experienced this in workplace in Iowa: physical abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	63	7.2	10.4	10.4
	No	544	62.5	89.6	100.0
	Total	607	69.7	100.0	
Missing	Not apply	106	12.2		
	Don't know	4	.5		
	Refused	11	1.3		
	System missing	143	16.4		
	Total	264	30.3		
Total		871	100.0		

Experienced this in workplace in Iowa: inadequate training or supervision

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	179	20.6	29.6	29.6
	No	425	48.8	70.4	100.0
	Total	604	69.3	100.0	
Missing	Not apply	108	12.4		
	Don't know	5	.6		
	Refused	11	1.3		
	System missing	143	16.4		
	Total	267	30.7		
Total		871	100.0		

Experienced this in workplace in Iowa: verbal abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	118	13.5	19.6	19.6
	No	485	55.7	80.4	100.0
	Total	603	69.2	100.0	
Missing	Not apply	106	12.2		
	Don't know	3	.3		
	Refused	11	1.3		
	System missing	148	17.0		
	Total	268	30.8		
Total		871	100.0		

Experienced this in workplace in Iowa: asked to take unnecessary risk

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	69	7.9	11.5	11.5
	No	532	61.1	88.5	100.0
	Total	601	69.0	100.0	
Missing	Not apply	106	12.2		
	Don't know	3	.3		
	Refused	12	1.4		
	System missing	149	17.1		
	Total	270	31.0		
Total		871	100.0		

Experienced this in workplace in Iowa: have been cheated in pay

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	70	8.0	11.7	11.7
	No	527	60.5	88.3	100.0
	Total	597	68.5	100.0	
Missing	Not apply	107	12.3		
	Don't know	4	.5		
	Refused	11	1.3		
	System missing	152	17.5		
	Total	274	31.5		
Total		871	100.0		

Other answers:

- Unsafe

97) What type of work did you do when these things occurred? Check all that apply.

Type of work engaged in when "abuse" was experienced: professional

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	.9	1.4	1.4
	No	582	66.8	98.6	100.0
	Total	590	67.7	100.0	
Missing	Not apply	21	2.4		
	System missing	260	29.9		
	Total	281	32.3		
Total		871	100.0		

Type of work engaged in when "abuse" was experienced: construction

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	34	3.9	5.8	5.8
	No	557	63.9	94.2	100.0
	Total	591	67.9	100.0	
Missing	Not apply	21	2.4		
	System missing	259	29.7		
	Total	280	32.1		
Total		871	100.0		

Type of work engaged in when "abuse" was experienced: meat packing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	331	38.0	55.8	55.8
	No	262	30.1	44.2	100.0
	Total	593	68.1	100.0	
Missing	Not apply	21	2.4		
	System missing	257	29.5		
	Total	278	31.9		
Total		871	100.0		

Type of work engaged in when "abuse" was experienced: factory

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	85	9.8	14.4	14.4
	No	506	58.1	85.6	100.0
	Total	591	67.9	100.0	
Missing	Not apply	21	2.4		
	System missing	259	29.7		
	Total	280	32.1		
Total		871	100.0		

Type of work engaged in when "abuse" was experienced: agricultural

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	24	2.8	4.1	4.1
	No	567	65.1	95.9	100.0
	Total	591	67.9	100.0	
Missing	Not apply	21	2.4		
	System missing	259	29.7		
	Total	280	32.1		
Total		871	100.0		

Other answers:

- Cleaning crew at meat packing plant (2)
- Egg farm (2)
- Industrial mechanic
- Pick team
- McDonalds

98) Have you ever had any of the following conditions due to a job in Iowa?

Ever experienced this condition due to a job in Iowa: muscle sprains or strains

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	97	11.1	30.1	30.1
	No	225	25.8	69.9	100.0
	Total	322	37.0	100.0	
Missing	Not apply	30	3.4		
	System missing	519	59.6		
	Total	549	63.0		
Total		871	100.0		

Ever experienced this condition due to a job in Iowa: broken bones

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	16	1.8	5.0	5.0
	No	306	35.1	95.0	100.0
	Total	322	37.0	100.0	
Missing	Not apply	30	3.4		
	System missing	519	59.6		
	Total	549	63.0		
Total		871	100.0		

Ever experienced this condition due to a job in Iowa: burns on the skin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	2.5	6.8	6.8
	No	300	34.4	93.2	100.0
	Total	322	37.0	100.0	
Missing	Not apply	30	3.4		
	System missing	519	59.6		
	Total	549	63.0		
Total		871	100.0		

Ever experienced this condition due to a job in Iowa: eye injuries

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	25	2.9	7.7	7.7
	No	298	34.2	92.3	100.0
	Total	323	37.1	100.0	
Missing	Not apply	30	3.4		
	System missing	518	59.5		
	Total	548	62.9		
Total		871	100.0		

Ever experienced this condition due toa job in Iowa: back pain

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	137	15.7	42.3	42.3
	No	187	21.5	57.7	100.0
	Total	324	37.2	100.0	
Missing	Not apply	30	3.4		
	System missing	517	59.4		
	Total	547	62.8		
Total		871	100.0		

Ever experienced this condition due to a job in Iowa: cuts

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	60	6.9	18.8	18.8
	No	260	29.9	81.3	100.0
	Total	320	36.7	100.0	
Missing	Not apply	30	3.4		
	System missing	521	59.8		
	Total	551	63.3		
Total		871	100.0		

Other answers:

- Painful fingers
- Hands hurt
- Hand hurt and shoulder pain
- Back ache
- Hands hurt and body ache

99) How often to you regularly visit people or travel outside of Iowa?

- Yes (31)
- Every day (7)
- Every day for work (4)
- Six or seven times per week
- Each week (9)
- Every weekend
- Every other weekend
- One to two times per month (12)
- Each month (13)
- Every two months (3)
- Every three months (3)
- Every six months (13)
- Two to three times a year (17)
- One time a year (88)
- Every other year
- Every 2 years (13)
- Leaves to Omaha
- Sometimes (4)
- Wants to go soon
- Usually doesn't leave (4)
- Very little (4)
- Doesn't leave town
- Doesn't leave often (7)
- Never leaves, is illegal (4)
- Never (179)

100) Where do you usually go when you travel outside of Iowa?

- All over the country (2)
- Alabama, Mexico
- Arizona

- Arizona, Minnesota, Missouri, Mexico
- California (27)
- California, El Salvador
- California, Guatemala (6)
- California, Massachusetts
- California, Mexico (16)
- California, Nebraska
- California, New York
- Canada, Mexico
- Colorado, Mexico (4)
- Colorado, Mexico, Texas
- Colorado, Minnesota, Texas
- Colorado, Ohio
- Colorado, Illinois, Ohio
- El Salvador (6)
- El Salvador, Texas (2)
- Florida
- Florida, Mexico (3)
- Florida, Puerto Rico
- Georgia
- Georgia, Mexico
- Guatemala (5)
- Honduras
- Illinois (17)
- Illinois, California (2)
- Illinois, El Salvador (2)
- Illinois, Minnesota, Texas, Wisconsin
- Illinois, Mexico (10)
- Illinois, Mexico, Texas
- Illinois, Michigan
- Illinois, Nebraska, Kansas, Mexico
- Illinois, Texas
- Illinois, Wisconsin
- Kansas (3)
- Kansas, Illinois, Texas
- Kansas, Illinois, Minnesota, Texas
- Kansas, Nebraska (2)

- Kansas, Texas
- Kansas, Texas, Mexico
- Kentucky, Texas (2)
- Mexico (97)
- Michigan (2)
- Minnesota (8)
- Minnesota, Kentucky, Pennsylvania, Texas
- Minnesota, Nebraska
- Minnesota, South Dakota (2)
- Minnesota, Mexico (2)
- Mississippi, Mexico
- Missouri
- Nebraska (75)
- Nebraska, Canada, Mexico
- Nebraska, Mexico (8)
- Nebraska, Minnesota, Kansas, South Dakota, Florida, Georgia
- New Mexico, Mexico
- New York (3)
- Nicaragua
- Northwest
- North Carolina
- North Carolina, Mexico
- Ohio (2)
- Oklahoma
- Pennsylvania
- Peru
- Puerto Rico
- South Carolina, Nebraska
- South Dakota (3)
- South Dakota, Mexico (2)
- Texas (32)
- Texas, Guatemala
- Texas, Mexico (11)
- Utah
- Venezuela
- Vietnam
- Washington, Mexico

- Wisconsin, Mexico

101) What is the purpose of this travel? Mark all that apply.

Purpose of travel: tourism

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	66	7.6	14.5	14.5
	No	390	44.8	85.5	100.0
	Total	456	52.4	100.0	
Missing	System missing	415	47.6		
	Total	415	47.6		
Total		871	100.0		

Purpose of travel: visit friends or family

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	373	42.8	81.4	81.4
	No	85	9.8	18.6	100.0
	Total	458	52.6	100.0	
Missing	System missing	413	47.4		
	Total	413	47.4		
Total		871	100.0		

Purpose of travel: work at other jobs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	31	3.6	6.8	6.8
	No	425	48.8	93.2	100.0
	Total	456	52.4	100.0	
Missing	System missing	415	47.6		
	Total	415	47.6		
Total		871	100.0		

Map of Communities

Map 3. Communities in which Both Surveys Were Conducted